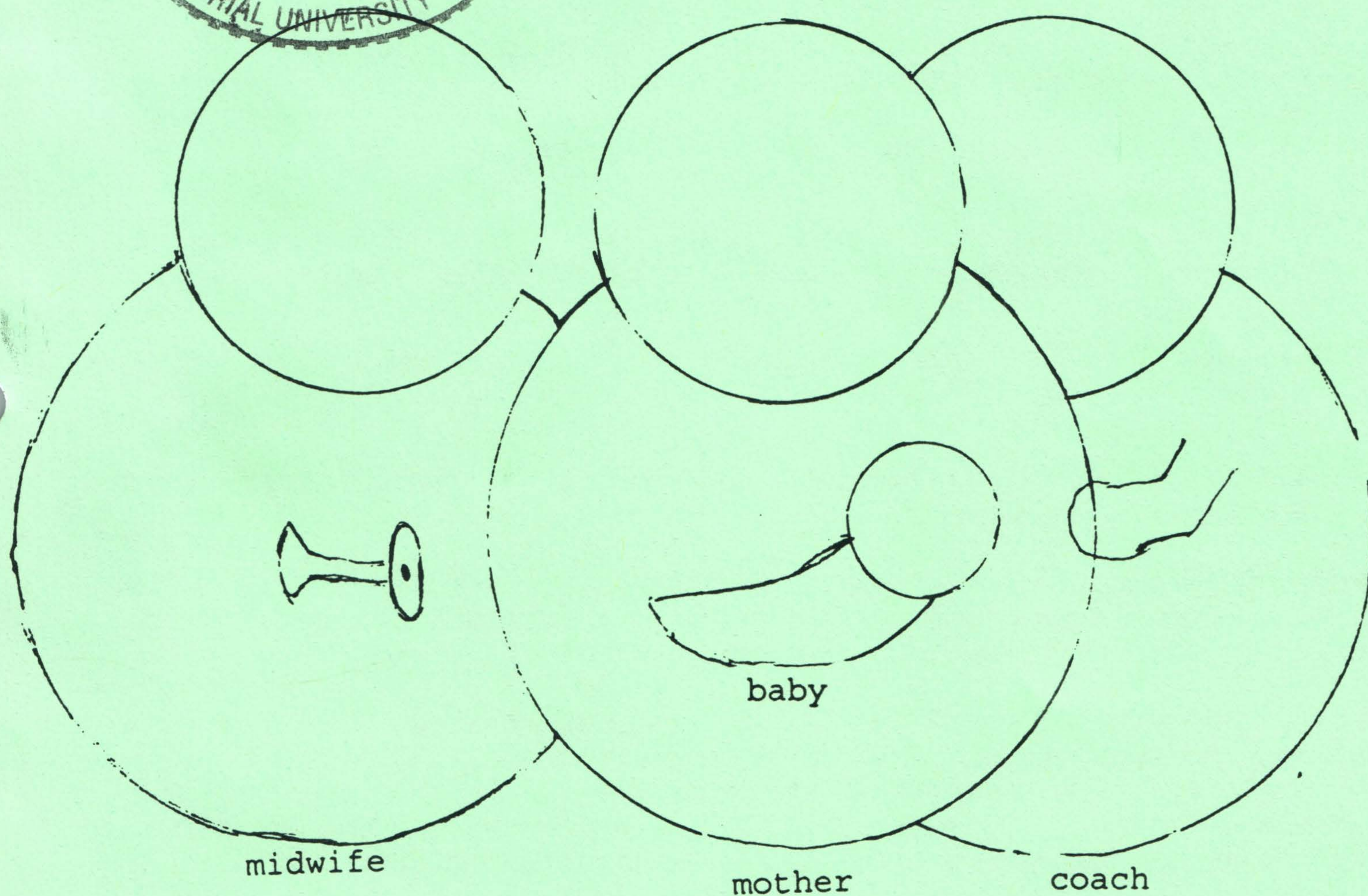
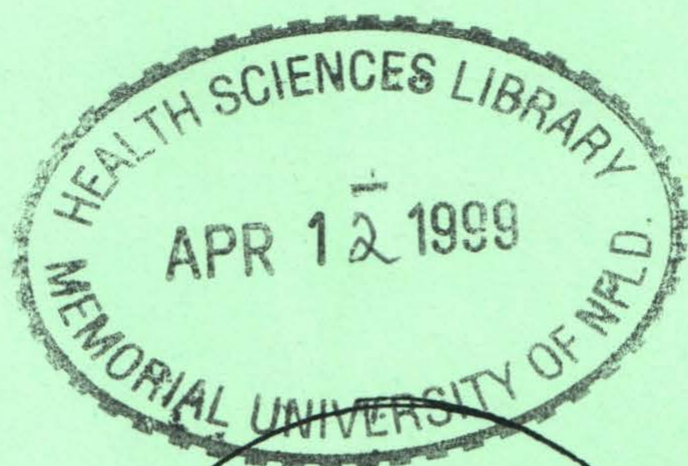


# NEWFOUNDLAND & LABRADOR MIDWIVES ASSOCIATION



Newsletter No. 9, March 1999



# International Confederation of Midwives

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## The International Day of the Midwife

### "MIDWIFERY CARE - PRIME CARE"

*Chambers 21st © Dictionary* : prime = 1 chief; fundamental. 2 of the best quality

***Midwives as primary caregivers  
give a healthy start to new mothers and babies***

Women who are pregnant or have just given birth are at the most vulnerable time of their lives - so are their babies. They may be worried, exhausted, in pain or undergoing physical and emotional sensations they have never felt before. If they cry for help, then help needs to be there - immediate, informed and sympathetic - someone who knows what to do: *a midwife*.

Every year the International Day of the Midwife on 5 May celebrates the work of midwives all over the world. This year, the emphasis is placed on the importance of midwives working in primary care - the first source of help, advice and treatment available to those who seek it.

Midwifery is a discipline where the qualities of primary care are highly relevant:

- Primary care is *accessible* – midwives work in, and know, their own community; the women and families, the networks, and where obstetric care can be reached if more help is needed
- Primary care is *available* – midwives are 'open all hours': they have to be – and want to be – because problems with babies and mothers don't only occur 'nine-to-five'
- Primary care is *affordable* – midwives in all cultures strive to make their services affordable to all, however they are paid.

Primary care is comprehensive, skilled, flexible and compassionate – those who seek it are often anxious for themselves or for their family and want reassurance and appropriate action. That is why a pregnant woman or new mother will choose a midwife as her care giver.

The International Confederation of Midwives' mission is Safer Motherhood worldwide: a massive reduction in the appalling rate of 600,000 maternal deaths each year. Frequently this aim is interpreted as a need for emergency care – life-saving skills - and, sadly, very often these are what have to be used. There is evidence that if women have access to a midwife then fewer of them die and more babies survive to live a healthy life and contribute to their community.

This is the work of midwives in primary care: encouraging a healthy lifestyle for pregnant women, providing information where necessary; regular antenatal monitoring, identifying potential problems and seeking referrals; reassuring and comforting in labour; assisting at birth; minimising the risk of complications for mother and child; examining the new baby; supporting early breastfeeding; providing postnatal care and monitoring the well-being of mother and child. All these things and more – taken for granted in some countries – can be a lifeline which saves a mother and her baby from a cascade of problems that may start with a minor ailment and end in the destruction of a family.

**Support your local midwives – advance maternity care in your nation**

**CELEBRATE THE INTERNATIONAL DAY OF THE MIDWIFE**

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10 Barley Mow Passage  
Chiswick - London W4 4PH - UK

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**Newfoundland and Labrador Midwives Association**

(Chapters in Goose Bay and St. John's)

**Newsletter 9**

March 1999

(International Year of the Older Person)

This Newsletter contains information from our annual meeting on March 26, and the Canadian Confederation of Midwives (CCM) meeting on March 25. There is also a report from the Canada Conference, which although is not directly related to midwifery it does give an idea from where this province has come and where it is going.

There are two questionnaires included with this mailing. Your feedback is needed so that Pearl can represent you correctly at the annual CCM meeting. Also we are trying to put together an inventory of midwifery research, publications, films/videos and your input is required for this project.

There was a lack of items submitted for this Newsletter. It has been suggested that members may wish to submit one or two sentences about themselves so that in the June Newsletter we could have a Members Section. So if you are interested please send these to me with any other items for the next Newsletter, which should be in by the beginning of June.

Items for the Newsletter are welcomed and those who submit are responsible for obtaining permission to publish in our Newsletter. The Editor does not accept this responsibility.

Pearl Herbert, Editor, c/o School of Nursing,  
Memorial University of Newfoundland, St. John's, NF, A1B 3V6 (Fax: 709-737-7037)

**Watch the E-mail for the date of the next Teleconference Meeting of the NLMA  
to be held at the end of the Summer**

**1999 Membership Fees are Due, Membership Form at the End of the Newsletter**

**The International Day of the Midwife "Midwifery Care - Prime Care"  
May 5, 1999**

***The Globe and Mail* will have an insert about midwifery across Canada**

**Executive Committee**

President: Pearl Herbert

Secretary: Karene Tweedie

Treasurer: Pamela Browne

Co-Signer: Alison Craggs

Newsletter Editor: Pearl Herbert

Home page: <http://www.ucs.mun.ca/~pherbert/>

Newsletter in HSLibrary: WQ 160 N457n

**General Meeting, March 26, 1999, held by teleconference from Studio 2 in the Health Sciences Centre.**

There were six members present in Goose Bay and four members at the St. John's site. The Minutes for the meetings held on September 2, 1998, September 21, 1998, and January 20, 1999, were approved with a correction to the Treasurer's report in the January meeting. The Constitution and Bylaws were discussed and a change in wording to the



Constitution 4.C was decided. The new wording is included in this Newsletter. Two inservice workshops had been held at Melville Hospital and had been well attended. The report of the Nominations and Elections Committee was that the President, Secretary and Treasurer had been re-elected. As this is their second term in office, new officers will be needed in two years time. The President's report was given and is printed below. The Treasurer reported the arrangements for the auditing of the accounts. An increase of \$5.00 in the basic membership fee was proposed and passed. Information from the CCM meeting was provided, and a summary is printed below.

### **President's Report, March 1999**

The Newfoundland and Labrador Midwives Association has been on a changed path for two years, since the 1996 demise of the Alliance. Last year the Annual General Meeting was held on April 29, 1998, but because of various commitments which members have, this year we are holding the annual general meeting in March. We continue to have a Newsletter with four issues a year, we have a home page on the world wide web, we have three meetings a year by teleconference, and have had a workshop. In between meetings and issues of the Newsletter, members are sent current information in which they may be interested by electronic mail. We also continue to be represented on the Canadian Confederation of Midwives/ Confederation Canadienne des Sage-Femmes (CCM/CCSF) as the professional association representing midwives in this province.

The workshop on "Natural Aspects of Childbearing" was well attended. An extra Newsletter containing a summary of the proceedings was distributed to all those who attended the workshop, and a copy was sent to all of our members. The cost was deducted from the workshop money. As had been requested by members a meeting of the Association was held during the workshop.

During the past year the home-page on the Internet has received more than 90 visits. Some people have left messages which indicate that they have found helpful information and that they are from all over the North American Continent.

We have continued to receive time for teleconference meetings, for which we thank donating organizations.

We continue to have the Newsletter (the March 1999 issue is held over until after this meeting). The Newsletters are kept in the Health Sciences Library reference section under WQ 160 N457n. The cost (printing and postage) of these Newsletters has been \$31.24 (\$2 per copy) for June 1998; \$38.70 (\$1 a copy) for September 1998; and \$74.42 (\$1.65 a copy) for January 1999. The postage was more in January because of the increased postage rate and the enclosure of the Constitution and Bylaws with the Newsletter. The printing of the Constitution and Bylaws was \$12.60 and is not included in the above costs. The amount from members' annual fees for the Newsletter is \$4.65 for three issues. The average number of pages (including the cover) per issue was 36. This compares to figures reported last year for four issues \$5.12 from the annual fee and an overage of 26 pages. The Alliance figures for 1996 were \$8 from an annual fee and an average of 42 pages.

Membership for the past year has been 31; 19 (61%) midwives and 12 (39%) associate members. Of the 19 midwives there was 1 outside of Canada, and 3 retired members. Of the 12



associate members there were 2 students. This compares to 29 members for the 1997/1998 year when there was 24 midwives and 5 associate members. It would be interesting to know why members do not renew their membership.

Interest in becoming members is increasing from outside of the province. At present we are flexible, but once legislation comes into effect membership will probably be limited to licensed midwives and student midwives. Perhaps by making this early contact with our Association, the midwives from elsewhere will consider either moving back "home", or advertising the province as a possible place to practice to other midwives.

Meetings have been held by teleconference. The one on April 29, 1998 was the annual general meeting. The others were September 2, 1998, and January 20, 1999. As mentioned above, the September 21, 1998, one was a face-to-face meeting.

The CCM meetings attended has been the annual meeting in Toronto on May 30, 1998, and telephone conference calls November 5, 1998, and March 25, 1999. (For these conference calls our Associations pays about \$40 per call).

Other activities have included the presentation of a Brief, "Midwives in the Community", to the Executive Director of the Health and Community Services - St. John's Region as part of their "Changing to Meet the Community's Needs" project. This presentation was a joint one with the Friends of Midwifery of Newfoundland and Labrador. A coincidence occurred when following this presentation the Executive Director was contacted by the Deputy Minister of Health to ask her to be the chair person of the provincial Midwifery Implementation Committee. This verbal invitation was accepted but so far nothing has been received in writing.

### **Canadian Confederation of Midwives Telephone Meeting, March 25, 1999**

The CCM/CCSF telephone meeting was held on Thursday evening, March 25<sup>th</sup>. Present were representatives from NF, NS, PQ, ON, NT, MB, SK, AB, BC. There was a full agenda for this meeting chaired by the Coordinator, Susan James.

Canadian Coalition for the Prevention of Disabilities Committee. This Committee has existed for 20 years and considers any issue which may affect the health of babies and children. Betty-Anne Davies represents CCM/CCSF on this Committee and the other week there was a meeting, the first for a year. There is a concern regarding the plastic which babies may ingest from teething rings. It was also reported that hearing screening may be introduced for all newborn babies.

Brochure. There was a discussion on the development of a brochure for the CCM/CCSF to describe what this is about. Betty-Anne Davies will start developing one after June.

Midwives and Midwifery Practice Under the Research Microscope. In many provinces there is a concern that not only health care professionals but also social scientists are considering midwifery practice and midwives to be prime research topics. The problem appears to have worsened since the various Women's Centres of Excellence have been fulfilling their mandates to carry out research. There is not only repetition (not replication) but lack of any control over what is being done. For example, the BC Midwives College has a research committee carrying out a series of midwifery research topics, including an economic analysis of midwifery care. A researcher from Ontario arrived in BC to carry out research which is already being conducted more thoroughly by the CMBC, than she had planned to carry out. She made no attempt to contact either the CMBC or the MABC to discuss her research. This kind of happening can result



in the same people being interviewed twice about the same topic. Another example is where a well-known researcher from the US decided to research midwifery in Canada without any prior knowledge of what has been researched, what research is currently being carried out, the key people to contact, nor the current position regarding legislation. Some midwives are finding that they are being constantly asked the same questions and then when they do see the final paper their information is not accurately reported although their name may be cited. It was decided that Associations try and develop an inventory regarding midwifery research in their province, so that researchers can be advised of the situation. Those being interviewed to be aware of the final agenda of the researcher and of the publisher if it is for a book. The Writer's Alliance of Newfoundland and Labrador (739-5215) can provide some of this information for non-textbooks. So that an inventory can be compiled please advise Pearl of:

1. Research concerning midwifery practice and/or midwives which:
  - a. Has been carried out in this province;
  - b. Is currently being carried out in this province, for fulfillment of a degree, or for any other purpose.
2. All publications where midwifery practice and/or midwives in this province are mentioned, books, journal articles, etc.
3. All films which show midwifery practice and/or midwives in this province.

We do have a home page to which those inquiring about research or midwifery topics for class assignments are referred, and they are also referred to the Newsletter in the Reference section of the Health Sciences Library. These materials are available for research supervisors to view and prevents the "personal communication" citation of something which may not be correct.

Newsletters. In the other provinces Newsletters are dying as the Associations do not have members who can give the time to edit them. (The Saskatchewan and Nova Scotia Newsletters are produced by consumer groups. In Newfoundland and Labrador we have had a Newsletter since the mid 1980s and this has been regularly produced since 1992).

Midwives Association of North America - Canada (MANA-Canada). Anyone who considers themselves to be a midwife can join this organization. This is unlike the CCM/CCSF where members join their provincial Midwives Association, and the Association then pays the CCM/CCSF an annual fee of \$7 per midwife. So through being a member of the Association the midwife is also a member of CCM/CCSF. In provinces where legislation has come into effect the professional Association which the licensed midwives have to join is the one recognized by the CCM/CCSF. MANA-Canada is more like AWHONN-Canada whereas the CCM/CCSF is aiming at being like the CNA. Each Midwives Association has to find out from their members whether or not there should be a change to MANA-Canada. For consideration:

1. CCM/CCSF should be similar to MANA-Canada and all midwives pay a proposed \$80 per year to belong as individuals. There would then be money for organizing conferences and a journal. This would mean that midwives in provinces where legislation has been implemented need to belong to their provincial professional Association and having the option of joining a national group. The national group could become weaker. In provinces where midwifery legislation has not yet been implemented the provincial Association could lose members to the national group and so be left with no voice to provincial governments and other bodies.



2. The National Dream. That CCM/CCSF continues as at present but expands its mandate to include a permanent address, develop a national examination bank of questions which would help reciprocity between jurisdictions, become the home for the Emergency Skills Workshop (ESW), produce a bilingual Canadian Midwifery Journal (similar to the bilingual design of the *Canadian Nurse*). There would need to be a name change for the CCM/CCSF.

This has to be decided prior to the CCM/CCSF annual general meeting. The proposal on the floor is:

**That the CCM expands its vision and changes its mandate from being an organization with representation only from midwifery associations to that of being an organization which represents individual midwives via individual membership**

**NB:** A questionnaire will be included with the next Newsletter as the Newfoundland and Labrador Midwives Association needs to make a decision on this by April 30.

Liability Insurance. It is recommended that the Midwives' Associations, where midwifery legislation has been implemented, increase their per claim coverage. Apparently this will make little difference to the premium paid as it is the first \$100,000 per claim which costs the most money.

Other Items. It is still unknown who is representing midwives on the SOGC committees.

A new CCM/CCSF coordinator is needed to be elected at the June meeting. A past representative from the AOM was nominated, but she has to be contacted to see if she is willing to become the coordinator. No other proposals were submitted.

Discussion on the CCM/CCSF Constitution and Bylaws was Tabled.

International Day of the Midwife. The AOM has bought the *Globe and Mail* insert for May 5, 1999. They are still searching for advertisers to fill all of the slots.

The CCM/CCSF Annual General Meeting. It is about 99% certain that this will be held June 5 and 6, 1999, in Montreal. It will follow the Quebec Midwives' First Annual Congress which is being held June 2 to 4. The Congress will be bilingual although concurrent translation will not be available. More information will be mailed later.

Nova Scotia. The Interdisciplinary Working Group on Midwifery Regulation has been meeting since May 1998. The final meeting is April 8, 1999. A recommendation is that an Implementation Council is formed. The new Birth Centre (low intervention area) of the Labour and Delivery Unit at the Grace Hospital in Halifax will soon open. Fran Wertman (who graduated from the MUN midwifery programme) has been appointed to the Coordinator's position.

Quebec. Applications for admittance to the four-year baccalaureate degree programme at Universite du Quebec a Trois Rivieres for 1999 need to be received by April 15. The full address is: Bureau du Registraire, Universite du Quebec a Trois Rivieres, CF 500, Trois Rivieres, QC G9A 5H7. Applications and examinations may be written in English. The curriculum may be viewed on: [http://oraprdnt.uqtr.quebec.ca/owa\\_user/owa/pgmw001?owa\\_cd\\_pgm=7055](http://oraprdnt.uqtr.quebec.ca/owa_user/owa/pgmw001?owa_cd_pgm=7055) This can be reached from the UQTR home page: <http://www.uqtr.quebec.ca> The McGill physicians are being invited to be associate members of the program in order to provide adequate clinical experiences. The programme will provide both hospital and community experiences.

Ontario. The e-mail which we received from Ontario regarding problems with funding was not



an official message and contains errors, so should be ignored. The transfer of funds has gone smoothly although the letter had the potential for causing problems. It was agreed by the CCM/CCSF that in future all messages regarding official midwifery policies which are received from other than the provincial Midwives Association should be ignored until confirmed by the Association. The Interim Trustee in Ontario tried to assess the actual cost of midwifery care. The figure they proposed was too low. The Association of Ontario Midwives (AOM) then did a retrospective assessment of the 1997 reports from 25 practices, which regardless of where located all had the same cost to deliver a full course of care to one client from pregnancy through the postpartum period. This included supplies, second midwife back-up, rent for a clinic, etc. but did not include items such as salaries, liability insurances, professional membership fees, travel costs. At the end of the year it is estimated that there will be 200 licensed midwives in Ontario. The AOM's annual conference is June 7-8 and the ESW is June 9. The College of Midwives of Ontario is planning to require that all midwives pass the ESW every two years.

Manitoba. The Midwifery Act was passed in 1997 to allow the Midwives Implementation Committee (MIC) to assess, upgrade, and examine, potential midwives for registration. When the MIC was named the Interim Council of the College of Midwives of Manitoba, in December 1998, it received the authority to register midwives for practice and become the licensing body until there are sufficient midwives to run the College. The standing committee on midwifery issues for aboriginal women was written into the Act as a result of consultations with aboriginal women. The women had stated that they wanted licensed, insured midwifery services. Proclamation is expected sometime in 1999.

One of the reasons why Manitoba has progressed so quickly towards having their Midwifery legislation implemented is that they started by developing a common definition and philosophy of midwifery care for Manitoba. Then along each step of the way they have reflected back to that philosophy.

The application from the new Midwives Association of Manitoba to join the CCM/CCSF was considered. The Bylaws had been received but the Constitution was missing from the application package and has been requested. The Association of Manitoba Midwives is still existing during the change over in order to provide continuous national representation.

Saskatchewan. The Midwifery Implementation Working Group (MIWG) is pursuing a made in Saskatchewan model. They have handed over the draft act to the legislative committee. The MIWG is now working on a regulatory bylaw to accompany the act. This bylaw will then be accepted by the Transitional Council of the Midwifery College after the Act is passed. Home births will probably have to be within a one hour drive of a hospital providing obstetrical services. Some of the midwives are applying to BC. in order to be assessed for licensure prior to legislation being implemented.

Alberta. The register for licensure was opened in July 1998. Of the midwives who had passed their prelicensure examinations, two moved to BC and of the 24 remaining less than 15 are actively practising at the moment. If there is no sign of funding for midwifery services by the end of 1999, the others may stop practising. At present liability insurance of \$4,500.00 per year, licensure fee, professional fees, supplies and other expenses have to be covered, and the midwives need money to live. So the \$2,000.00 per client may have to be increased which will then place midwifery care outside the reach of many parents. Plans for an education programme



are on hold because there is no funding for midwifery practice. Inquests (fatality inquiries) have been held for two babies and others are listed. The coroner calls the witnesses and gives them a free reign to express their opinions about homebirth, VBAC, or fetal monitoring with little expectation that these opinions are based in research. The midwife's lawyer is not permitted to call witnesses and may only ask questions. The Alberta Medical Association maintains all perinatal statistics. While there has been improved communication between the AMA and the Midwifery community, many births (both out of and in hospital) are incorrectly categorized as midwifery attended births. In the spring of 1998 a Calgary Herald reporter extrapolated from AMA statistics of perinatal deaths occurring both in and out of hospital, and concluded that women who plan homebirths have a more than 12 times higher risk of perinatal death. The AMA confirmed that his calculations were inappropriate, but did not publish this information in the newspaper. [There is a need for all births to be correctly recorded regarding the planned place of birth. Whether the birth was planned to be a home birth or planned to be a hospital birth which happened prior to reaching the hospital].

Northwest Territories/Nunavut. Midwives, who are also nurses, are wanted for Rankin Inlet. There are about 40 pregnant women and 5 to 10 postpartum women at a time. The number of births a month varies considerably because women with problems go south to hospital. There may be anywhere from 0 to 6 births a month, e.g., there are expected to be 2 in May, 5 in June, 6 in July, if they do not develop any problems. They are also going to be accepting women from other communities. The pay is \$53,000.00 pa, and currently they are offering free rent for a minimum of two months work.

Registered nurses in Nunavut will continue to be registered with the NWTRNA. Two Bills were passed in December 1998 which gave provision for division of the Association when it is desired by the membership. NWTRNA, Box 2757, Yellowknife, NT, X1A 2R1 (Telephone: 867-873-2745; Fax: 867-873-2336; E-mail: [nwtrna@internorth.com](mailto:nwtrna@internorth.com)). For employment contact: Senior Consultant Recruitment and Retention, Government of the NWT, 8<sup>th</sup> Floor, Centre Square Tower, Box 1320, Yellowknife, NT, X1A 2L9 (Telephone: toll-free 1-877-241-9356).

**A Midwifery Coalition** - an e-mail letter from Catherine de Cent [h63jmb@morgan.ucs.mun.ca](mailto:h63jmb@morgan.ucs.mun.ca)  
Dear Friends of Midwifery friends, February 17, 1999

After reading the appalling article in the Express about the prospects for a midwifery program and a general feeling of frustration regarding where midwifery is headed, I began thinking about what could be done - so this is an idea that I had. I propose that friends of midwifery evolve into the MIDWIFERY COALITION OF NEWFOUNDLAND AND LABRADOR. Using the Midwifery Task Force of Ontario and the Midwifery Coalition of Nova Scotia as a model, the MCNL would build upon the structure of friends of midwifery. It would still be a group of consumers, health care professionals and supporters who are working towards the establishment of midwifery as a self regulating profession in nfld. and lab. It would, however, also include publishing a quarterly or biannual newsletter featuring news about midwifery here, the rest of Canada and the world, birth stories, artwork, poems, topics of discussion, answer questions etc. We would hold monthly meetings and provide public education through workshops, film nights, forums and health fairs. Fund raising would be done through a membership due of \$20 reg. or \$10 student, senior or underemployed. . . . The part of the newspaper article that troubled me



was a comment regarding a lack of interest in midwifery. I think we need to work towards becoming more visible. I realize that some of these things will be a lot of work but I am offering to take on as much as I can and will certainly put out a newsletter. Catherine de Cent.

Pearl's Response sent by e-mail to members, February 22, 1999

Catherine de Cent, a member of Friends of Midwifery, has contacted some people regarding forming a Coalition for this province. In answer to some of the inquiries which I have received I would just provide the following:

In other provinces there are consumer/lobby groups, as listed on our world wide web home page. Ontario had such a group prior to legislation being implemented, and they still have groups in some locations. Of course, following the 1985 inquest which recommended midwifery legislation the Ontario Government formed a Task Force and they published their report in 1987. It is well worth reading if you have not already done this. In Newfoundland and Labrador we have passed that stage with the Provincial Advisory Committee which was appointed in 1993 and reported in May 1994. We need to go to the next stage; an implementation committee as was recommended in that report, to study the best form of midwifery legislation for this province. Then the government to appoint (as is usual for the first time) a Midwives Board to regulate the profession and provide licenses for practice. An Association is needed for professional education to ensure that theory and skills are kept current, and in the process of helping midwives, deal with providing liability insurance. (Remember that government and legal systems vary from province to province. For example, in Newfoundland and Labrador we have "Boards" and not "Colleges", and "Department" and not "Ministry").

The Midwifery Coalition of Nova Scotia (MCNS) believes that midwifery is an essential part of a comprehensive maternity care service. MCNS is working to establish midwifery as a self-regulating profession in Nova Scotia. The Midwifery Coalition has monthly meetings, to which any member is welcomed to attend. Information is offered about midwifery through forums, film nights and school visits. There is an annual conference and other fund raising activities. They keep in touch with national and international midwifery organizations. They support the Association of Nova Scotia Midwives (ANSM), the professional association of midwives (and this includes providing financial support towards buying and maintaining equipment for the practising midwives, money towards attendance at the Canadian Confederation of Midwives meetings, etc.) The ANSM does have its own membership fees. The MCNS is working to make midwifery a real choice for women and families in Nova Scotia. The MCNS has an elected Board which includes: President, Secretary, Lobbying Committee, Public Education Committee, Treasurer, Finance Coordinator, Policy Review, Member at Large, and various ex-officio Board Members which includes the ANSM. There is a quarterly newsletter in which NS news regarding midwifery is circulated, articles from members, and various paid advertisements. The MCNS is very well organized by a group of dedicated people, professionals and homemakers, with access to various resources. If anyone would like further information from the MCNS their address is: Box 33028, Halifax, NS, B3L 4T6 (Telephone: 902-429-5112) Membership fee is \$25.00 per year.

A Coalition would be different from the Alliance which was disbanded in December 1996. A Coalition membership would be from a wider group of people, and the focus would be



narrower, on midwifery legislation, whereas the Alliance had a narrower membership and had a wider focus, on maternity care in general.

Regardless of what is decided about a Coalition for this province, we will still need a Midwives Association. A Coalition would be in addition to, not instead of, the Midwives Association. As you will note from the above, it is not usual for Midwives Association's members to be official members of a Coalition.

### **Projects for the International Year of the Older Person**

E-mail sent March 1, 1999 to Dr. Rusted

I understand that you are on a provincial committee organizing events for this year. Although there have been some academic assignments and thesis regarding midwives in this province, they are not the kind that the general public read. A few biographies and autobiographies have been written, especially in the Grenfell and northern areas e.g. by Millicent Loder, and about Myra Bennett who came with NONIA but little about midwives elsewhere.

My suggestion would be to:

Locate and interview retired midwives. I do not know how many are still alive from the pre 1961 days when the Board stopped issuing licenses to midwives who worked outside of the Grenfell area. But locate, and if possible interview, all retired midwives who have worked in Newfoundland and Labrador, including aboriginal tradition midwives.

Collect information of places where midwives have been honoured. The Collier dining room at the Head of Bay D'Espoir Motel is an example. Mrs. Collier was the local midwife and she received several local and national honours for her good care to women in labour. Paper clippings are displayed on the wall of this dining room.

This would also compliment the Minister of Health's action on forming a midwifery implementation committee, as the Midwives Association was informed last Friday afternoon. As you know, the Provincial Advisory Committee on Midwifery submitted their final report in May 1994, and one of the recommendations was for an implementation committee. Nearly five years later it looks as if some action may be taken by the government.

Of course, if your committee considered this project and information was collected, we would like to see an update of how midwifery is at the end of the 1990s. Such as the four year baccalaureate degree program in midwifery in Ontario for beginning midwives followed by an internship period of practice. The UK has moved to a midwifery degree at the baccalaureate level and also at the master's and doctoral levels. No longer the Auntie who lived down the street, although some of them did great work. Now there is more education than the 3 month program given by the Midwives Club, or the 18 months at the Grace Hospital, and more knowledge to absorb. You can probably think of many more differences.

I will be interested in hearing what you think of this suggestion. Pearl Herbert  
President, Newfoundland and Labrador Midwives Association  
<http://www.ucs.mun.ca/~pherbert/>

Dr. Rusted's reply:

March 2, 1999.

Pearl: Your e-mail was a pleasant surprise - and a timely one. My primary role in the



International Year of Older Persons is as a member of the National Committee (the CCC - Canada Coordinating Committee) but I also sit on the provincial committee. The Chair, John Murphy, is in Florida for 2 months so I have stimulated a meeting with the VP's for later this week and I shall take a copy of your letter to discuss with them. One thought: we have an Oral History project (with awards) and this would be one opportunity for students to interview midwives. To be continued, I hope. Dr. Ian Rusted, Memorial University of Newfoundland [Dr. Rusted said that he did not get very far with this idea when he presented it at the meeting].

### **Breastfeeding Committee for Canada**

FOR IMMEDIATE RELEASE

FUNDING GIVES BOOST TO BABY-FRIENDLY INITIATIVE IN CANADA

Vancouver, British Columbia, Canada, Spring 1999 (March 26, 1999).

The Breastfeeding Committee for Canada ( BCC) has just received \$266,380 from the Population Health Fund of Health Canada to implement and evaluate the Baby-Friendly Initiative ( BFI) in Canadian provinces and territories. This funding demonstrates the Canadian government's commitment to promote breastfeeding as a major preventive health measure for Canadians.

The BFI is an international ten step program established in 1992 by WHO and UNICEF to promote, support, and protect breastfeeding worldwide in hospitals and in the community. Although there are over 14,000 designated Baby-Friendly Hospitals worldwide, there is not one in Canada! As the National Authority for the WHO/UNICEF Baby-Friendly Initiative (BFI) in Canada the goal of the BCC is implementation of the BFI across Canada over the next three years.

The Breastfeeding Committee for Canada is a voluntary organization of professionals from the major health disciplines, volunteers and individuals who are recognized as experts on breastfeeding. The vision of the BCC is to establish breastfeeding as the cultural norm for infant feeding in Canada and the mission of the BCC is to protect, promote, and support breastfeeding in Canada.

"There is a lot for us to do to catch up to the rest of the world." stated Maureen Fjeld, BCC Co-Chair. " I am incredibly encouraged by the formation of BFI Implementation Committees in a number of provinces and territories and by the many individuals who are eager to implement the BFI locally in hospitals and communities. This funding is key to the success of these provincial and territorial initiatives in increasing breastfeeding rates and duration across Canada". Several Canadian hospitals are very close to Baby-Friendly designation, and others are working on the ten steps to successful breastfeeding required for this award.

For more information about the Baby-Friendly Initiative ( BFI) or The Breastfeeding Committee for Canada (BCC) contact BCC Co-ordinator Marilyn Sanders, at [bfc@istar.ca](mailto:bfc@istar.ca) or FAX 416-465-8265, one of the two Co-chairs, Maureen Fjeld ph 403-220-9101 FAX 403-284-5950 ([fjeldm@cadvision.com](mailto:fjeldm@cadvision.com)) or Jennifer Peddlesden, ph/FAX 403-272-3764 ([bpeddles@cadvision.com](mailto:bpeddles@cadvision.com)) or Dr. Roberta Hewat, Principle Investigator, ph 604-926-3548 FAX 604-926-3546 ([robhewat@home.com](mailto:robhewat@home.com))



### **Sildenafil (Viagra)** submitted by Pearl Herbert

The use of this medication for male erectile dysfunction became available in the United States in March 1998. It has since been approved in 50 countries, and 170 Viagra related deaths have been reported (Nichols, 1999). Viagra was approved in Canada in March 1999. There are contra-indications to taking this drug. These include a heart attack, stroke, or life-threatening arrhythmia in the past six months, or a risk of reacting adversely to temporary hypotension. Recently a man in Fredericton, NB, died after being given nitroglycerine when he went to a hospital with chest pains and it was not known that he had taken Viagra (Nichol, 1999). There are visual disturbances including colour or brightness changes such as blue/green confusion which could result in pilots having accidents. If the penis has an anatomical defect or if there is a condition such as sickle cell anaemia, multiple myeloma, or leukemia there is a risk of priapism (prolonged erection) with resulting tissue damage. There may be headaches, flushing, dyspepsia, rhinitis. Viagra interacts adversely with some drugs such as heparin (increased bleeding in rabbits), many medications used for cardiac problems, and either a prolonged effect of Viagra when taken concurrently with some antibiotics (erythromycin) or a decreased plasma level of Viagra with other drugs (rifampin).

No effect on sperm motility or morphology was found after one 100 mg oral dose of Viagra, but results of long term studies of the action of Viagra on spermatozoon were not reported.

For some couples their sexual life may be improved but for others the female partner may have an adverse reaction to the increased sexual intercourse. If she has decreased vaginal lubrication as a result of breastfeeding, menopause, or decreased foreplay because of the man's urgency she may have pain and vaginal lacerations. The increased sexual activity may result in urinary tract infections. The idea of a man and woman having any other forms of communication besides sexual intercourse appears to be lost in the reports about Viagra.

Many health insurances, including the Public Service Health Care Plan, are not refunding the money spent on buying Viagra. Where refunds are advocated, it has been said that Viagra is for an abnormality whereas money should not be spent on contraception because it is contrary to a normal act. Viagra is prescribed for men who have diabetes mellitus and if their diabetic medications are covered by insurance then the drug for treatment of one of the side effects of the disease should also be covered. If Viagra is not covered then there should not be a refund for estrogen prescribed for menopausal women (Nichol, 1999). Those who do not wish to pay about \$15 for a Viagra pill are seeking surgery for erectile dysfunction which in British Columbia may cost about \$15,000 per patient, but is covered by the provincial health care plan so does not cost the man anything (Nichol, 1999).

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- <http://www.americanheart.org>
- <http://www.fda.gov/cder/foi/label/1998/viagralabel2.pdf>
- <http://www.fda.gov/cder/consmerinfo/viagra.default.htm>
- <http://www.ippf.org>
- Snippets from the UK News. (1998, September) *Newfoundland and Labrador Midwives Association Newsletter*, No. 6, p. 23.



### **Intrauterine Device**

“An IUD can be inserted immediately after placental expulsion by either vaginal or caesarean delivery, and within 48 hours after vaginal delivery. . . . Early insertion is associated with a higher than usual incidence of expulsion. An IUD should not be inserted between 48 hours and four weeks after delivery, because of uterine involution. During the first six months of lactational amenorrhoea [when regularly exclusively breastfeeding] the risk of pregnancy is almost nil and a woman can have an IUD inserted at any time during this interval rather than wait the return of menstruation” (*IPPF Medical Bulletin*, 33(1), 4).

### **Safety and Security of Playpens from CPHA Health Digest, Volume 22, No. 4, Winter 1998**

“November 25. As a precautionary measure, Health Canada issued an advisory to parents and caregivers regarding playpens. Health Canada is aware of the voluntary recall in the United States of playpens that may pose an entanglement hazard that can lead to strangulation when pacifier strings or loose clothing worn by children become caught on protruding rivets, nuts, or bolts on the outer edge of the playpens top rails. Health Canada is currently investigating this matter and is contacting the manufacturers involved in the U.S. recall to determine what playpens may be affected in Canada. This Advisory was issued prior to completion of Health Canada’s investigation to inform Canadians to take the following precautions when using any playpen:

3. Examine the upper perimeter of your child’s playpen for any possible protrusions, such as metal rivets, plastic knobs, bolts, or other similar small pieces which protrude more than 0.6 centimeters (1/4 inch). If present, discontinue use of the playpen.
2. Health Canada reemphasises to all parents and caregivers to never place, tie or attach cords, strings and/or ropes around the neck of a child.
3. Parents and caregivers who have additional questions and/or concerns may call Health Canada’s toll-free number: 1-888-774-1111.”

**Increase in the Price of Syntocinon.** In June 1998, the price of syntometrine was increased from 18p (\$0.46 ½) per dose to £1.40 (\$3.61) per dose. (Approx. \$2.58 = £1). The *RCM Midwives Journal* is now endeavouring to discover how this increase in price is affecting midwives. The *MIDIRS Midwifery Digest* has reproduced a news item from the *Guardian* newspaper stating that syntocinon increased from 19.5p (\$0.50) to £1.38 (\$3.56) for a 5 ml dose and from 22.4p (\$0.56 ½) to £1.57 (\$4.00) for the 10 ml dose. This increase in price will cost the British National Health Service an extra £2 million per year. Syntometrine is bought by the NHS from Alliance Pharmaceuticals, a recently formed company. The Alliance had bought the license for this drug from Novartis. In increasing the price the new Alliance did not follow the rules of the Pharmaceutical Price Regulation Scheme (PPRS) for negotiating price increases with the NHS. The suggestion is that the PPRS may have lost power to negotiate with drug companies (Boseley, S. (1998, August 12). Price hike drug firm broke rule. *Guardian*, p.3 (reprinted in (1999, March). *MIDIRS Midwifery Digest*, 9(1), 62-63)).

A hospital contract in this province prices a 10-unit ampule of oxytocin at 30 cents and ergometrine at 65 cents an ampule.



### **NSERC and Breastfeeding Mothers**

In the February 1999 issue of the *CAUT Bulletin*, p. 7, there is an article "Working for More Women in Science". In this it states "NSERC is also recognizing the general role of women for family maintenance, and has relaxed the mobility requirement for post-doctoral fellowships as well as looking into allowance for maternity leave during scholarships and fellowships. They also allow grantholder nursing mothers to be reimbursed for child care during a conference".

### **The UK Maternity Alliance Disability Working Group**

This group has been meeting since 1989. In 1993 the *Disability Pregnancy and Parenthood International* journal was first issued. In October 1998 a UK information service for parents and professionals was launched. The Disability Pregnancy and Parenthood International may be contacted at 5<sup>th</sup> floor, 45 Beech Street, London EC2P 2LX, England. Telephone: 011-44-171-628-2811; Fax: 171-628-2833; Email: [dppl@eotw.co.uk](mailto:dppl@eotw.co.uk) I tried the Virgin web site address which they gave but did not find this group.

### **MIDIRS Midwifery Digest, Volume 8, No. 4, December 1998**

As usual there are interesting original articles, abstracts about reviewed research in the different sections of the Digest, and other information. The MIDIRS Mission Statement is: "To be the central source of knowledge relating to childbirth and to disseminate this information to midwives and others, both nationally and internationally, thereby assisting them to improve maternity care". There are four issues a year. Each with more than 100 pages, and the cost for overseas members is £50. The address is 9 Elmdale Road, Clifton, Bristol BS8 1SL, England. There is a PREP certificate for UKCC members, and discounts for workshop fees.

For information e-mail: [midirs@dial.pipex.com](mailto:midirs@dial.pipex.com) Internet: <http://www.midirs.org>

Each issue of *MIDIRS Midwifery Digest* is divided into sections. The December issue had:

#### **Hot Topics - Clinical Governance**

**Midwifery** - The Role of the Lecturer Practitioner; Birth Language; Birth Houses in Japan; Pregnancy in the USA; The Nightmare Prison of Midwife Ann Kelly (an Irish midwife), etc.

**Pregnancy** - articles on morning sickness, preeclampsia eclampsia and magnesium sulphate, fear of childbirth, sexual problems, etc.

**Labour and Delivery** - epidurals, pain, positioning in labour and for birth, fetal macrosomia, cesarean section, home birth, etc.

**Postnatal and Neonatal** - massage, breastfeeding (several articles), SIDS and ECG, neonatal intensive care, etc.

**Maternity Services** - women's priorities, satisfaction with midwives, midwife-led units, home births, twin pregnancy, parliamentary news, etc.

**News and Views** - book and video reviews (UK videos will not play in North America).

### **Midirs Midwifery Digest, Volume 9, No. 1, March 1999**

This issue commences with "A Disabled Person's Perspective on Prenatal Screening" (pp. 8-10).



Various writers in professional journals and newspapers, including Dr. Miriam Stoppard, have written articles which imply that the unborn baby with a potential to be disabled should be aborted. This is considered discriminatory by the author, who is herself disabled.

**Midwifery** - "The Great Divide" (pp.11-12), discusses the High Court ruling that stated that it was unlawful to compel a pregnant woman to undergo treatment to benefit her unborn child. Other articles discuss technology, Domiciliary In and Out (DOMINO) care, one-to-one midwifery care, attitudes to pain relief, preparation for midwifery practitioners.

**Pregnancy** - teenage pregnancy, ultrasound diagnosis, smoking cessation, drugs, magnesium sulphate, hypertension, ovum donation pregnancies, multiple sclerosis, external cephalic version.

**Labour and Birth** - independent practice, spinal and epidural analgesia, price hike of syntometrine, inductions, cesarean sections, intrapartum fetal monitoring, shoulder dystocia, perineal trauma.

**Postnatal and Neonatal** - self administration of oral analgesia, baby massage, breastfeeding, nervous system of babies, SIDs, hepatitis B.

**Maternity Services** - statistics, records, sperm from deceased donors (the end result was reported in our January 1999 Newsletter), female genital mutilation.

**News and Views** - book and video reviews, government, World Health Organization and other publications.

## **Books**

There is now a new edition and a new publisher of:

*Safer Childbirth? A Critical History of Maternity Care*, by Marjorie Tew. This is published by Free Association Books, 57 Warren Street, London W1P 5PA, England. Telephone 011-44-171-388-3182. The ISBN number is 1-85343-426-4. Cost is £15.95 plus £1.50 postage.

"In the field of maternity care, much evidence has now been compiled on the clinical effectiveness of treatments, but so far no system has been found to require those who provide the service, at any level, to follow the evidence thus established. The first edition . . . showed that actual results have never supported the widely held belief that today's reduced rates of death or sickness for mother or child were caused by increased hospitalisation or obstetric interventions, and the second edition in 1995 added the compelling evidence gathered by the House of Commons Health Committee in their thorough inquiry from 1990-1992. . . . Mothers, not doctors, should henceforth have the dominant role in deciding what sort of care best served their own and their babies' interests. This important, original work is essential reading, not only for all providers and users of maternity care, but also for students of social policy".

There is a 1999, 13<sup>th</sup> edition, of *Myles Textbook for Midwives*, edited by Bennett and Brown, published by Churchill Livingstone. Harcourt Brace is the Canadian distributor. ISBN is 0-443-05586-6. Hardcover, 1031 pages, costing \$79.95 Canadian.

The 1998 book *Evidence for the 10 Steps to Successful Breastfeeding*, is published by the Family Reproductive Health Division of Child Health and Development, World Health Organization. The Canadian Public Health Association distributes this in Canada. Catalogue number is 1930142, and the cost is \$15.12 plus tax, plus postage (in NF \$22.34 Cdn).



The Canadian Public Health Association, Suite 400, 1565 Carling Avenue, Ottawa, ON, K1Z 8R1. Telephone 613-725-3769.

Berryman, J., & Windridge, K. (1998). *Motherhood after 35: Mothers and four-year-old*. A follow-up of the study published by the same authors: *Motherhood after 35*. Available **free** from: Motherhood After 35 Project, Dietetic Information Service, Nestle UK Ltd, St. George's House, Croydon CR9 1NR, England. Be sure to state which title(s) you require.

A new peer-reviewed electronic journal was launched by the World health Organization in March 1998. Its name is *The WHO Reproductive Health Library*, and it is a 3.5 inch diskette that contains reviews of controlled clinical trials on priority health topics, expert commentaries on the relevance for developing countries of the reviews, findings, and practical advice on the management of reproductive health problems. Its main purpose is to promote evidence-based care in the area of reproductive health by making available to health workers the most reliable and up-to-date medical information. It runs under the Windows operating system, with easy and rapid access to the data in it. Subscriptions are free of charge to health workers in developing countries. Others can access the reviews in the library through a paid subscription to The Cochrane Library, available from update Software, Oxford, UK, and the American College of Physicians, Philadelphia, USA. For a copy of the *WHO Reproductive Health Library*, write to: HRP, WHO, 1211 Geneva 27, Switzerland. Fax: 41-22-7914171; E-mail: khannaj@who.ch (*Birth*, 25(3), 206, September 1998).

## Articles

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Murphy, P. A., & Feinland, J. B. (1998). Perineal outcomes in a home birth setting. *Birth* 25(4), 226-234.

Renfrew, M. J., Hannah, W., Albers, L., & Floyd, E. (1998). Practices that minimize trauma to the genital tract in childbirth: A systematic review of the literature. *Birth* 25(3), 143-160.

Weigers, T. A., van der Zee, J., & Keirse, M. J. N. C. (1998). Maternity care in the Netherlands: The changing home birth rate. *Birth* 25(3), 190-197. (Fewer than one-third of births occur at home).

Wiswell, T. (1998). Delivery room management of the apparently vigorous meconium-stained neonate: Results of the multicentred, international collaborative trial. *NRP Instructor Update*, 7(3), 1-3. (2094 newborns, 37 weeks or more with meconium stained amniotic fluid randomly assigned to intubation or not. There was no significant difference in the incidence of meconium aspiration syndrome in the two groups. Approximately 7% of babies in both groups developed some respiratory distress. The thicker the meconium the more likely the development of distress).



### **World Wide Web**

Some recent articles about the use of the World Wide Web and useful addresses:

- Bates, T. (1999). Introduction to 'Netiquette'. *ARM Midwifery Matters*, No. 80, 14-19.
- DeGeorges, K. M. (1998). Taming the world wide web. If everything is on the web, why can't I find anything? *AWHONN Lifelines*, 2(4), 50-52.
- DeGeorges, K. M. (1998). Help! I need a Medline search! *AWHONN Lifelines*, 2(5), 38-40.
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- Learn, C. D. (1998). Appraising the menopause web. Five top sites worth exploring. *AWHONN Lifelines*, 2(4), 40-44.
- Sibbald, B., & Doyle, B. (1999). Before you touch that keyboard. How to prevent repetitive strain injury. *Canadian Nurse*, 95(3), 24-29.

Other sites include:

- |   |   |
|---|---|
| College of Midwives of British Columbia:  | <a href="http://www.cmbc.bc.ca">http://www.cmbc.bc.ca</a>   |
| Ryerson University Midwifery Program:   | <a href="http://www.ryerson.ca/programs/midwifery.html">http://www.ryerson.ca/programs/midwifery.html</a>         |
| Universite due Quebec a Trois Rivieres:   | <a href="http://www.uqtr.quebec.ca">http://www.uqtr.quebec.ca</a>   |
| Nurse Practitioner regulations:   | <a href="http://cme.med.mun.ca/~nlma/np-reg.htm">http://cme.med.mun.ca/~nlma/np-reg.htm</a>                       |
| US and World Annual Summary of Vital Statistics: Then search vol. 102 page 1333 | <a href="http://www.pediatrics.org/all.shtml">http://www.pediatrics.org/all.shtml</a>                             |
| Tri-council Policy Statement, Ethical Conduct for Research Involving Humans:    | <a href="http://www.mrc.gc.ca/ethics.html">http://www.mrc.gc.ca/ethics.html</a>                                   |
| Research from Leeds University, UK:   | <a href="http://www.leeds.ac.uk/miru/home.html">http://www.leeds.ac.uk/miru/home.html</a>                         |
| CPSS at the LCDC  | <a href="http://www.hc-sc.gc.ca/main/lcdc/web/brch/reprod/">http://www.hc-sc.gc.ca/main/lcdc/web/brch/reprod/</a> |

### **Research and Other Pertinent Articles** (taken from recent issues of the *RCM Midwives Journal*).

- Bloom, K. (1998). Perceived relationship with the father of the baby and maternal attachment in adolescents. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 27, 420-429.
- Buchanan, P., & Sachs, M. (1998). Breastfeeding and breast cancer: Research review. *RCM Midwives Journal*, 1(10), 306-309.
- Greif Fishbein, E., & Burggraf, E. (1998). Early postpartum discharge: How are mothers managing. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 27, 142-148.



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### Conferences

As the information is from a variety of sources the editor accepts no responsibility for the accuracy of the information.

April 8-9, 1999. "Gentle Care in the Midst of Technology" 21<sup>st</sup> Annual Perinatal Nursing Conference, Dartmouth, NS. Plenary speakers: Fran Gregor, Marshall Klaus, Louise MacDonald, Kay Matthews, Janet Rush

Cost: \$135.00

Contact: Learning and Organizational Development, IWK Grace Health Centre for Children, Women and Families, 5850 University Avenue, PO Box 3070, Halifax, NS, B3J 3T9.  
(Telephone: 902-420-6667)

April 16-18, 1999. "No Time for Love: Prayer as Intimacy with God", Burry Heights Retreat Centre. Speaker is Ruth Copeland, Inter-Varsity Christian Fellowship. Special session for nurses.  
Cost: \$55.00.

Contact: Maureen Laryea, School of Nursing, Memorial University of Newfoundland  
(Telephone: 709-737-6869; E-Mail: mlaryea@morgan.ucs.mun.ca)

April 20, 1999. "Student Drug Use Survey 1998", teleconference at 1200 (island time), with Carol Ann MacDonald of Addiction Services, Health and Community Services.  
Contact: Newfoundland and Labrador Public Health Association, Health and Community Services Central Region, 141 Bennett Drive, Gander, NF, A1V 2E6 (or your Regional Office)

April 23-24, 1999. "Reflective Practice in a Changing Health Care System Implications for Educators and Practitioners" ARCAUSN Annual Conference, Moncton.

Keynote Speaker: Gail Mitchell, RN, PhD, Sunnybrook HSC and University of Toronto  
Contact: Faith Wight Moffatt, School of Nursing, Dalhousie University, Halifax, NS  
(Telephone: 902-494-2181; Fax: 902-494-3487; E-Mail: faith.wight.moffatt@dal.ca)



April 26-29, 1999. "Heart of Africa" a cultural dinner and live drama. A story about the unique work of Wycliffe Bible Translators and their African partners. April 26 Corner Brook; April 27 Gander; April 28 and 29 St. John's. Free and donations are tax deductible.

Contact for details and reservations: 1-800-708-2476; E-mail: [jerrycc.long@sil.org](mailto:jerrycc.long@sil.org)

May 6, 1999. "Working Together, Supporting Healthy Populations", NLPHA and AMOH, Corner Brook. Louise Hanvey, Project Director with the Canadian Council of Social Development will speak on the newly released report *The Progress of Canada's Children 1998 - Focus on Youth*". Other topics include aboriginal health, computer applications, travel health etc. Contact: Newfoundland and Labrador Public Health Association, Health and Community Services Central Region, 141 Bennett Drive, Gander, NF, A1V 2E6 (or your Regional Office)

May 13-14, 1999. "Spiritual Assessment Workshop for Helping Professionals", St. John's  
Cost: \$130.00; student fee \$50.00.

Contact: Doreen Westera, Associate Professor, School of Nursing, Memorial University of Newfoundland, St. John's, NF, A1B 3V6 (Telephone: 709-737-7259; Fax: 709-737-7037; E-mail: [dwestera@morgan.ucs.mun.ca](mailto:dwestera@morgan.ucs.mun.ca))

May 13-15, 1999. "Creating Harmony in the Global Village" 10<sup>th</sup> National AWHONN Canada Conference, Winnipeg. Topics include postpartum depression, violence, preterm birth, midwifery in Alberta, breastfeeding, neonatal cardiac surgery, nutrition, labor support, etc.

Cost: \$150 for members/195 nonmember; students \$35, lunch and breaks included.

Contact: Karen Daeninck, 100 Barlow Crescent, Winnipeg, MB, R2N 3W3 (Telephone: 204-255-5114)

May 14, 1999. "Pain Education Day", Canadian Pain Society Conference, St. John's.

Cost: \$92.00 before May 1/ \$80.00 late fee.

Contact: Sandra LeFort, Associate Professor, School of Nursing, Memorial University of Newfoundland, St. John's, NF, A1B 3V6 (Telephone: 709-737-7059; Fax: 709-737-7037; E-mail: [slefort@morgan.ucs.mun.ca](mailto:slefort@morgan.ucs.mun.ca); Internet: <http://www.medicine.dal.ca/cps/stjohns>)

May 22-27, 1999. 25th Triennial Congress of the International Confederation of Midwives, "Midwifery and Safe Motherhood Beyond the Year 2000", Manila, Philippines.

Cost: Before January 1999, \$450 US

Contact: The Secretariat, 25th ICM Congress, c/o IMAP Inc., Golden Groove Street, Bartville Subd., Barangay Dela Paz, Pasig City, Philippines (Fax: 645-7148; 724-5335)

May 26-29, 1999. "Shaken Baby Syndrome: Awareness, Prevention and Response", Saskatoon.

Keynote speakers include Jacy Showers EdD of Colorado and Cynthia Morton, from BC

Contact: Saskatchewan Institute on Prevention of Handicaps, 1319 Colony Street, Saskatoon, SK, S7N 2Z1 (Fax: 306-655-2511; e-mail: [skiph@sk.sympatico.ca](mailto:skiph@sk.sympatico.ca); home page: <http://www.usask.ca/medicine/prevent>)



May 28, 1999. "Meeting the Health Care Challenges in the Next Millenium: Expanding Roles of Nurses", Nursing Research Conference, Halifax. Part of the 50<sup>th</sup> anniversary celebrations.

Keynote speakers: Margaret Sandelowski and Judith Shamian

Contact: School of Nursing, Dalhousie University, Halifax, NS.

(Fax: 902-494-3487; E-mail: [julia.wong@dal.ca](mailto:julia.wong@dal.ca); Internet:

<http://is.dal.ca/~son/main/anniversary.htm>)

June 2-4, 1999. Quebec Midwives annual meeting, Montreal.

June 5-6, 1999. Canadian Confederation of Midwives annual general meeting, Montreal.

June 13-16, 1999. "Building a Brighter Tomorrow" 30th AWHONN Convention, Chicago Pre-convention sessions on June 12.

Cost: Before May 14 \$295US member, \$395US non-member, \$125US student. After May 14 \$320US member, \$420Us non-member, \$125US student (letter required)

Pre-convention workshops: Before May 14 \$70Us member, \$85US non-member, late \$80 and \$95

Contact: AWHONN 1999 Convention, 2000 L St., Suite 740, Washington, DC 20036, USA

(Telephone: 202-261-2425; E-mail: [adap@awhonn.org](mailto:adap@awhonn.org); Internet: <http://www.awhonn.org>)

June 16-18, 1999. "Research to Practice" International Nursing Research Conference, Edmonton.

Contact: Janice Winters, (Fax: 403-492-2551; E-mail: [inrc99@aloe.ua-nursing.ualberta.ca](mailto:inrc99@aloe.ua-nursing.ualberta.ca);

website: <http://www.ua-nursing.ualberta.ca/homepage.nsf/nursing/inrc99>

June 27-July 1, 1999. "Celebrating Nursing's Past - Claiming the Future", London, England.

Contact: Brian French, Conference Manager, RCN, 20 Cavendish Square, London, W1M 0AB, England

July 2-3, 1999. "Regulation Across Borders: The People's Health and Professional Regulation", 4<sup>th</sup> International Conference on the Regulation of Nursing and Midwifery, London, England.

Contact: Julie Robinson (Telephone: 011-44-171-333-6556; email: [julierobinson@ukcc.org.uk](mailto:julierobinson@ukcc.org.uk)

September 9-13, 1999. "Evidence-Based Midwifery", annual Midwifery Today conference, London, England.

Cost: Before May 17 nonmember \$275US, member \$250US/before July 15 nonmember \$300US, member \$275US/before August 24 nonmember \$325US, member \$300US

(Note: The flyer had 1998 dates against a 1999 conference, presumably a typo).

Contact: Midwifery Today, P.O. Box 2672, Eugene, OR 97402, USA (Telephone: 1-800-743-0974; E-mail: [midwifery@aol.com](mailto:midwifery@aol.com); Internet: <http://www.midwiferytoday.com>)

December 2-6, 1999. "Birth Without Borders - Weaving a Global Future", Midwifery Today International Conference, Ocho Rios, Jamaica.

Contact: Midwifery Today, P.O. Box 2672, Eugene, OR 97402, USA (Telephone: 1-800-743-0974; E-mail: [midwifery@aol.com](mailto:midwifery@aol.com); Internet: <http://www.midwiferytoday.com>)



**Canada Conference, held March 29-31, 1999, in St. John's** was attended by Pearl Herbert who represented the Women's Health Network of Newfoundland and Labrador. From her notes.

This Conference was part of Soiree '99 to celebrate the joining of Newfoundland and Labrador with Canada at midnight on March 31, 1949, and for the country preparing for the next 100 years. The Conference was co-chaired by the Canadian Government's Council for Canadian Unity, and Memorial University of Newfoundland. Other partners were the Newfoundland and Labrador Provincial Government and the Centre for Research and Information on Canada. The Premier's seat was occupied by his wife as he was busy working on legislation to get the nurses back to work, as they had gone on strike on March 24, 1999. There were two days of presentations, and the presenters were in panels of three. The third day was a wrap-up and summary of the Conference.

**History.** The start of the first presentation which considered the history of Newfoundland and Labrador was interrupted as "Mr. Joey Smallwood" (alias Noble) rushed to the podium and demanded that he should be heard. He then stated why Newfoundland and Labrador should join Canada, because of the high maternal and infant mortality rates, the number of deaths due to tuberculosis, the rickets and beriberi. [Diseases which are consistent with poor social conditions].

Sister Elizabeth Davies (St. John's Health Care Corporation/health board) was the moderator and she likened this opening session to rowing a dory. Looking at where you have come from to get to where you are going. The panel consisting of John Crosbie and Ed Roberts (both lawyers and past politicians), and Peter Neary (from Bell Island but now at Western University and author of books about Newfoundland) spoke about their experiences. Both Mr. Crosbie and Mr. Roberts remembered how their fathers had been involved in politics. Although they were children at the time, all three remembered the mixed feelings which people had at the loss of the opportunity of obtaining responsible government. There had been two elections and Confederation with Canada was only decided by a few votes. The voting was divided between the "haves and the have nots" with the attraction of "baby bonuses" and "old age pensions" for the poorer people. On March 31, 1949, children went to bed as Newfoundlanders and woke up on April 1, as Canadians. What the panelists remembered was the fact that many wore black armbands when they went to school that day, flags were at half-mast, and window blinds were pulled halfway down, as was usual when a neighbour died.

Entry into Canada had not happened overnight. When Canada was being formed Newfoundland and Labrador had considered joining Canada but had not been welcomed, hence the adoption of "Come here at your peril, Canadian wolf". Nearly 30 years previous to Confederation, when the Houses of Parliament in Ottawa were rebuilt after a fire, a plaque was carved with spaces for the coats of arms of all the provinces. There were 10 slots although there were only 9 provinces at the time. Mr. Atlee, the British politician, had visited Newfoundland in 1943 to discuss such a move. A convention had been held in 1945 to discuss the options of either Commission of Government for 5 years and then an election, or Confederation with Canada, or Responsible Government as in 1933. The 1948 referendum was the first voting in Newfoundland and Labrador since 1932.

After Newfoundland and Labrador became a province of Canada, an election had to be held. All candidates had to run in their place of residence. Mr. Smallwood was leading the



liberals and urged that the “baby bonuses” be paid as quickly as possible so that his government could be seen to deliver what they had promised. Lists had to be made of the names of all mothers and their children. The slogan on the government envelopes containing these first cheques was “Recreation Pays”.

The scene for the Conference was set. Then followed presentations which gave either encouragement or despair for Newfoundland and Labrador’s future.

Plus and Minus. Penny Ayre Rowe (Community Services Council) spoke on how medicare had helped to close the gulf between the rich and the poor. Laurier Lapierre (Telefilm Canada) described how Canada has grown from an insignificant country to one which is known around the world for its beauty, diversity, respect of others, and a place of refuge. John Ralston Saul (author) was a luncheon speaker and his talk about Canada’s future could be viewed as depressing. He did not advocate boasting about the country. In contrast to this, Thomas d’Aquino (Business Council on National Issues) considered that people should be proud and boastful about Canada, and Nycol Pageau-Goyette (Aeroports de Montreal) said that the joining of Newfoundland and Labrador to Canada benefitted the whole country. Victor Young (Fishery Products International) agreed with this, and although the province had received benefits from Canada there have also been contributions and culture given to Canada as a whole. The exports from this province are increasing but accomplishments are overshadowed by challenging social and economic situations. Robert White (Canadian Labour Congress) expressed a concern to see how the people “on your Confederation Hill” in St. John’s are dealing with unions in this province. Newfoundland and Labrador has contributed much to Canada but now has to concentrate on people not just on money.

Poor Finances. Rowe said how the 1995 change in transfer funding is destroying the social system. The composite index only shows aggregate readings and does not look at the individual situation. In Newfoundland and Labrador there is a good strategic social plan. [This plan was based on the report following consultations around the province but omitted midwifery]. Barbara Neiss (MUN) explained how poor regions receive poor service, loss of personal savings, and outward migration. With the drop in transfer payments there is little opportunity to improve education, health and social services, although Pageau-Goyette said that the Canadian illiteracy rate of 1 in 5 is wasting human resources. The best way of overcoming the problem is by providing education. Young agreed that education is a prerequisite for everything and money is needed for this. Marconi led the world from Signal Hill and technical communications should be one of the main developments for Newfoundland and Labrador. He pointed out that the provincial tax is 69% of the federal tax, which compares with 45% for Ontario. This province has the weakest fiscal regime and the lowest credit rating in the whole country. This is then magnified by outward migration and lack of money resulting in problems with providing services. The most costly error has been the Churchill Falls project where the contract lasts until 2021 and has been extended for another 25 years. The price of the energy bought will decrease over the remaining years. Hydro Quebec provided the expertise, the Newfoundland government signed a contract, and the Canadian government did not intervene because of a flawed national energy policy. In the past the provincial government has made unwise investments which have lost the province millions of dollars. Peter Lougheed (Alberta) spoke about offshore projects from which the federal government claws back 80% of the profits made in the first years, which does not give the province a starting benefit from the project.



Aboriginal People. Lapierre considered that aboriginal people need rights, and homeless people need accommodation. John McCallum (Royal Bank of Canada) agreed that how aboriginal people had been treated was a shame for Canada. Saqamaw Misel Joe (Conne River Chief) said that at this time his people were not celebrating. They had lost their rights to all of the land in return for a Reserve. When they had wanted rights they were called savages, when they wanted to retain their own religion they were called heathens, and they had nearly lost their language. This century has been a time of loss. He also noted how few panelists were women (6 out of 24), only two women to thank speakers, and three women out of nine moderators. To these numbers could be added Mrs. Tobin who represented her husband, especially when Walter Noel was recalled to the House of Assembly on the final day of the Conference. Chief Joe also commented on the lack of young people, as there was a simultaneous youth conference at Gambo. Several participants commented on the lack of young people who should have been present to learn where the country had come from and to catch the vision of the future.

Culture. Guylaine Saucier CA (CBC) considered that the CBC spreads culture, and once it is outside the community the world is the limit. Gordon Gibson (Fraser Institute) said that a level playing field is needed for transfer payments. There are now more labour mobility and the resulting changes in culture and language. He questioned whether culture had any intrinsic value and whether it really helped others. Robert Rae (Ontario) thought that a healthy degree of self-interest is needed. Newfoundland and Labrador only exists because people travelled around the globe to get here. When people travel, they look at outcomes and how they are comparing with others. The Canadian government needs to study mobilization and unnecessary barriers, for example Bill C55 can affect more than 10,000 jobs in Canada. Culture should be supported by people asking for what they want. Bernice Morgan went to the microphone and pointed out that it is impossible to get a Canadian film shown by an American theatre group. The luncheon keynote speaker Gwynne Dyer (journalist) spoke on the ethnic mix, the change of languages and less dominance of English and French, except that Quebec ensures that French dominate. New arrivals are not interested in Canadian history as they have their own past and agenda for the future.

Outward Migration. Neiss explained that people moving away leave fewer, poorer, older people to bare the provincial debt. A questioner at the microphone said outward migration leaves older people to live and die alone, and this trend could eventually spread westward across Canada. Somebody else explained that when the province became part of Canada outward migration and the resulting financial imbalance were not considered.. Newfoundland and Labrador had joined Canada with a flawed financial framework resulting in our current higher taxes. Craig Dobbin (Canadian Helicopter Corporation) said that mobility is necessary for companies to survive. "Canadian" is of benefit when marketing overseas. Although the Canadian government gives money, it does not deal with unemployment problems. There is a need to work and increase productivity because if the trend in outward migration continues in this province there will only be 300,000 people left here. There has been little social progress in Newfoundland and Labrador as there are now food banks, hungry school children, and homelessness. The corporate tax must be lowered so that companies can invest and create long term permanent jobs. Marcel Cote (SECOR) compared the unemployment in St. John's 10%, elsewhere in the province 23%, with 6% in Quebec and 4% in the USA. Jocelyne Bourgon (Canadian Centre for Management Development) agreed that success has to start at home but then needs to switch to global markets.



World Situation. McCallum summarised the world wide market situation. Those countries which had rich markets, such as Malaysia and Indonesia, were shrinking fast. Chile had restricted their market. China had closed their market while they had reconsidered their place and were now slowly opening to the rest of the world. The Canadian low dollar had saved us from a recession but could result in our markets not being appropriately valued. Today there is less anti-American feeling than in the 1960s, and with the low taxes the USA is an attraction to Canadians resulting in a "brain drain". White said how globalization has produced prosperity where corporate leaders can earn in two hours what for others may be a whole years income. Corporate debts are becoming public debts, and homelessness is increasing. Mexico has more problems since the introduction of NAFTA. People are basing decisions on anthropomorphisms, such as "the market says" in the daily news. But the market is not a person. Executive bodies of major companies are never visible for the public to view. Asian capitalists are usually phoney. Globalization makes everyone unstable and a social framework is needed around our economy.

Donald Watt (Cott Corporation) gave an illustrated talk on marketing for companies around the world. The impression which he gave was that the dollar was important. Nestles has done wonders feeding babies in the developing countries!! Walmart is one of the best things which has happened to Canada, as they are good employers. [When spoken to after this presentation it was apparent that he had "swallowed hook, line and sinker" all of the Nestle propaganda, of providing help to governments, and having "nurses" give mothers formula. He considers untrue the fact that babies have died of starvation and disease. An appropriate paper to read regarding his comments is "Engineering of Consent, Uncovering Corporate PR". This can be obtained from <http://www.icaap.org/Cornerhouse>. Canadian information from [bfc@istar.ca](mailto:bfc@istar.ca) ]

Comparisons with Other Countries. The last session of the second day was on "As Others See Us". John Bruton (Ireland) gave encouragement when he compared Ireland and Newfoundland and Labrador in 1949 and how both had relied on natural resources. In 1979 Ireland had 49% of trade with Britain but by 1999 they had changed their trading arrangements and only 16% of trading is now with Britain. They are members of the European Community, but the European monetary funds are small compared to Canadian funds. The European Community looks to Canada for guidance. In Ireland there has been a move away from agriculture to urbanization. Nearly 1 million people emigrated from Ireland, this is the same proportion of the population as have left Newfoundland. These people have travelled and become well trained in high technology. Now that Ireland is moving in that direction, those who left are eager to return home. They do not require the extra incentives which would be needed to attract foreigners. Ireland is becoming a magnet to global companies because of its location and especially as the people speak English. To improve education a national school examination has been introduced. The immigration of young, dynamic people who are not yet in their forties, is needed to offset the decline in birth rate following the lowering of the high 1960s and 1970s birth rates.

Vigolis Finnbogadottir (Iceland) explained how Iceland had started as a community which measured everything by fish and sheep. More recently they have had problems over fish with the English and the Norwegians. Originally Iceland was the stopping place for the Vikings travelling between Norway and Lans aux Meadows. There is a film being made about the first Viking woman who gave birth a thousand years ago in Newfoundland.

Claude Laverdure (Canadian Ambassador) has spent 30 years in the Foreign Service. He gave some of the common impressions which people have of Canada, such as the RCMP, Niagara



Falls, hockey, the Trudeau family, McCain's French Fries, nice tolerant people but very racist against aboriginal people, have a social system but high taxes. Washington rules Canada, which cannot be independent as it relies on the USA. If Canada fails, who can succeed. At present Canada is considered as the number one country in the world but if we become complacent we could easily lose this top position.

A letter was read from Pierre Trudeau giving his best wishes for the conference as he was unable to attend. On the last day the British High Commissioner to Canada brought best wishes from Britain and their hope to be one of Canada's partners in the future. The whole Conference was ably summarised by Leslie Harris. Rt. Hon. Jean Chretien (Prime Minister) was pleased to be introduced in French by Mrs. Tobin. Gifts were exchanged. There were two pictures of the declaration made by Prime Minister Louis St. Laurent, in front of the Peace Tower, announcing that Newfoundland and Labrador had joined Canada, with copies of the speech. Also, there was a Newfoundland scene painted by an artist living in Ontario. The Prime Minister was given a soap stone carving. The Conference was opened by four members of the National Youth Choir singing *Ode to Newfoundland* and *O Canada*. Mary Pratt (artist) had provided a descriptive welcome to participants. The Newfoundland Youth Symphony Choir sang at the closing ceremonies. After the conference the new Canada Post highway stamp was unveiled by Mr. Mifflin. Throughout the conference Mr. Smallwood's jeep which was the first vehicle to cross the province on the Trans Canada Highway, had been on display in the hotel lobby.

### **International Day of the Midwife**

**On Wednesday May 5<sup>th</sup>** telephone your local radio station to advise them of this special day. See if your local newspaper will write something that week about Midwifery. Perhaps how it was at the time of Confederation and how midwifery has evolved during the last 50 years in this province and other provinces.

**On Saturday May 1<sup>st</sup>** the consumer/advocacy group Friends of Midwifery are planning a celebration to be held in St. John's. There will be birth movies, a cake, a guest book where people may record their thoughts, a baby photo board, tables of crafts, etc. The location and time will be announced in the local newspapers.

For more information contact Catherine de Cent, telephone: 709-754-8553,  
E-mail: h63jmb@morgan.ucs.mun.ca



# Introduction to 'Netiquette'

Terri Bates

IN THIS ARTICLE FOR BEGINNERS, I hope to inspire you to get surfing, use e-mail and subscribe to Newsgroups and Mailing Lists - in other words, to get online. I will introduce you to the Internet - methods of getting connected and list some potential sites of interest for midwives on the web. Inevitably some computer jargon will creep in but hopefully meanings should be clear.

Let me stress I am *not* a computer buff - I use my personal computer (PC) like I use my washing machine. I push the buttons (or click my mouse) and expect it to work. I haven't got a clue how to correct programmes that go awry. Fortunately, systems have become so user friendly nowadays that even ignoramuses like me can navigate a computer - if I can do it - anyone can!

## The Information Superhighway

The Internet, or information 'superhighway' is fast becoming an integral part of all our lives. Rumour has it that more personal computers (PCs) are being sold nowadays than televisions in the fifties. The Internet has been around much longer than you might think - it originated from military research into foolproof methods of communication in the event of nuclear war. 'ARPANET' was born as long ago as 1969. Since then, ARPANET has metamorphosed from about 20 University and military computers into the hundreds of thousands of individual nodes scattered throughout the world that make up the Internet today. Built to be indestructible, with no centralised control and more individuals joining all the time - the Internet is truly anarchic and great fun!

You can use the internet for:

- Sending and receiving e-mail messages.
- Taking part in discussion groups.
- Accessing information (or data, including text files, image files, sound and video files) stored on distant computers.
- Transferring information, or programme files, to and from these distant computers.
- Electronic Mail (aka e-mail)

Probably the main use of the Internet, e-mail has been described as a sort of virtual conversation (McFedries). You write to someone, they respond, you rebut their argument and so on. E-mail is less formal than letter mail (known as 'snail mail' to Internet addicts) but less instant than a telephone conversation. It falls between the two. E-mail is electronic text which can be transmitted in seconds to anywhere in the world which is connected to the main network, for the cost of a local telephone call. E-mail can also be used to send software and other types of files which are 'attached' to your message.

## Newsgroups and Mailing Lists

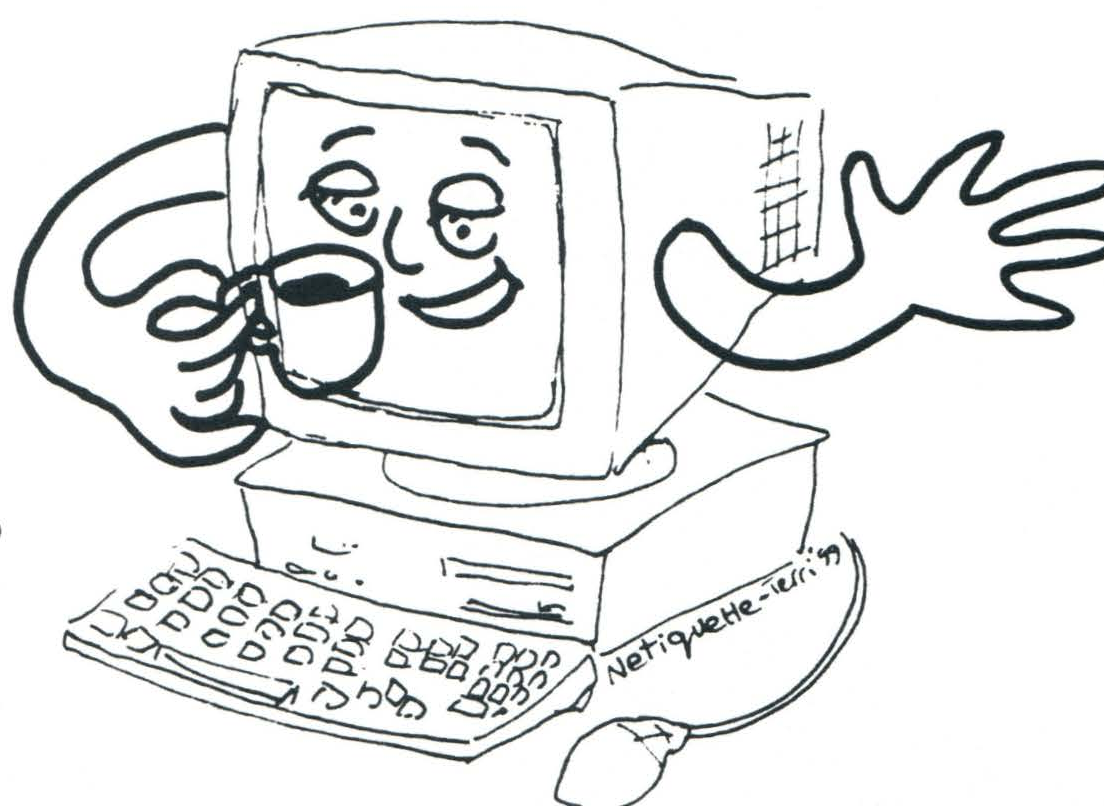
Newsgroups are discussion groups based on e-mail lists - these typically use 'listservers' which deliver messages, also known as 'posts', automatically to a group of people interested in the same topic. If e-mail is like a telephone conversation, then a mailing list is like a conference call. There are still messages being sent to and fro, but with a mailing list you have more than two people involved. The Fensende Midwife mailing list had 207 subscribers. So when you write to that list, your post will be read by 206 other people.

A more sophisticated method of discussion is via the USENET newsgroups. Users of this system (a service provided by your service provider) can read postings submitted by other people anywhere on the internet - and submit their own in response. I find these USENET groups (there are thousands) to be very prone to SPAM (see below). They are easy to subscribe and unsubscribe to.

SPAM is the practice of sending a message to a large number of Newsgroups or mailing lists simultaneously - often advertising a get rich quick scheme or sexual websites - and often irrelevant. Spam was named (appropriately enough) after the Monty Python sketch where you could have anything for lunch at a cafe so long as it was SPAM! A spammer gives you little choice but to download its garbage - but you can use your delete button to get rid of the post - you don't have to *read* the content!

## Long Distance Computing

Long distance computing was the original inspiration for the Internet and is still very important. Most major libraries, and universities offer access to databases including CINAHL, MEDLINE and Cochrane, and can be accessed via the World Wide Web.





## Getting Connected

If you are a university student, or have access to the NHSnet - many libraries are offering access - you may be able to connect via your local computer network. Or you can get a taster of surfing at a cybercafé - you pay for an hour on line, and cafés seem to be springing up in most cities.

Until recently, bulky, expensive computing equipment and a large amount of computer literacy was needed to connect to the Internet at home. Not any more! It is now possible to get connected very simply and the price of hardware is falling all the time. Windows95 or Windows98 is probably the best way to connect to the Net. You can do it with Windows 3.1 but you'll need more assistance from your Internet Service Provider (ISP). It's recommended that your computer has at least 16 Mb of memory. Any Pentium PC that runs Windows 95 will be able to work with the Internet. Any Apple Macintosh system can also connect to the Internet, and the new iMac is designed to make it easy.

You will need a modem. A modem is a device which translates the digital information from your computer into pulses of sound which can be sent down the phone line. New all-in-one multimedia Personal Computers (PCs) will have modems as integral components. A similar box at the Internet service provider does the reverse, connecting your computer to the Internet.

To access the Web, you will also require a browser programme which can read files and documents and fetch them from sources on the Internet into the memory of your own PC. You can then print them off, save them to hard or floppy disc. These files can be text, sound or images (to play some of the video or sound files may require specialised hardware on your computer, like a soundcard). If you don't already have a browser then these can be downloaded free from various places on the net - I have Internet Explorer 4 which came free with the Windows95 software already installed on my computer when I bought it (this is one way that Microsoft is taking over the world!)

Instead of getting a PC, you can buy a console designed to connect your TV to the Internet. This is cheaper at about £200, and simple, but a console cannot be used to process words or do any of the versatile things a computer can do.

Once you have your hardware, the last part of the equation is to find an Internet Service Provider (ISP). Usually for a fee of around £10 a month, the ISP connects your PC to the Internet. The ISP also fulfils other important functions - it stores e-mails sent to you, so that you can collect them the next time you call. In some cases ISPs also provide you with space to publish your own web sites. Some ISPs provide extras that only subscribers can view - online magazines, chat rooms, for example.

In November 1998, *Internet* magazine listed over 150 ISPs covering the whole of the UK, with many more regional ISPs. There were four ISPs offering a free connection for e-mail, if you don't mind seeing a load of advertising on your computer screen - this is a new phenomenon which may stir up competition! These 'free' ISPs will claw back

the money in other ways - Dixon's 'Freemove' charges £1 a minute to any caller to their support helpline. Nevertheless, 'Freemove' had 500,000 subscribers in its first three months.

It is crucial you choose a service provider that gives you local call access to the Net. You should pay a local call rate whether you are surfing in Bradford or Bangladesh!

ISPs use systems run by companies like BT or Mercury where the phone number starts with 0345, 0645 or 0845.

The next step is to look at how the providers charge for their service - most now charge a flat fee for unlimited use of the net. Some companies like AOL, MSN and Compuserve charge for time on line.

Another consideration is the ISP's connection to the rest of the NET. If its connections are small and clogged, you might expect slow Web access and e-mail that takes a long time to be delivered - and other problems which are designed to frustrate. Magazines like *Internet* give you the run down of which is the best buy and provides the most efficient service.

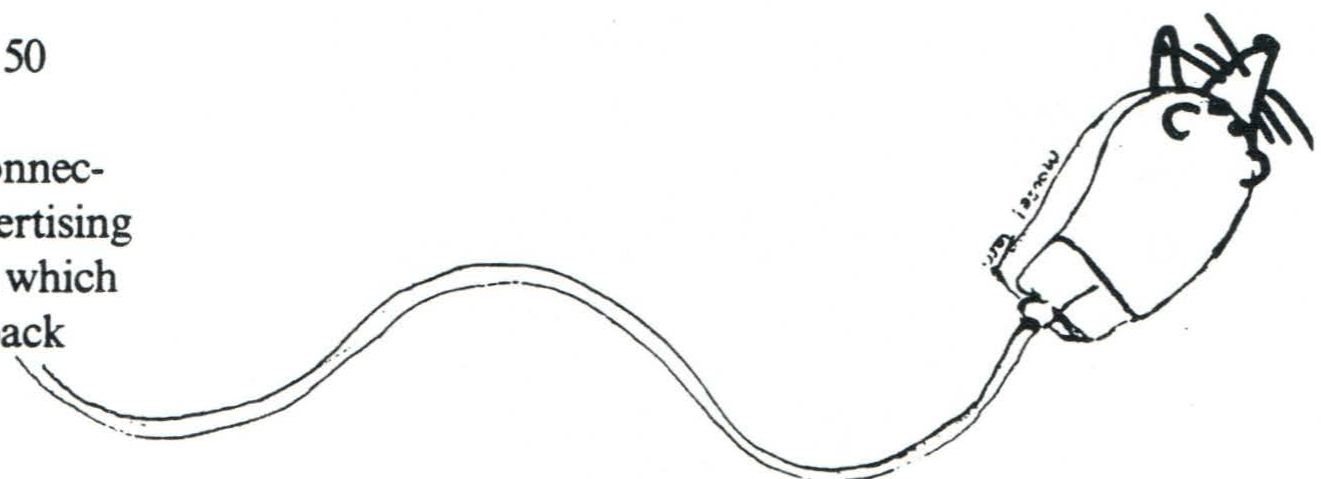
Most ISPs have a 'try before you buy' deal. Most ISPs also have free telephone helplines with advice and support should you have any problems getting connected.

I have found my server (a regional South West Server called 'Eclipse' based in Exeter) very helpful, and I pay £9.40 a month for unlimited time on line, five e-mail addresses and 10MB free webspace.

You can shop around, but since the ISP looks after your e-mail messages, each time you move to a different provider, your e-mail address will change and you'll have to inform all the people who may want to find you on the Net.

To gain access to information on the Web you need to have a vague idea about URLs: A Uniform Resource Locator is just another way of saying the address of an internet resource. It's a little cumbersome at present, but there are computer buffs out there working on a simpler way of doing things! Netscape and IE4 allow you to specify a URL and travel to a website direct. I have listed over 70 sites that may be of interest, if not fun, to visit.

Keep an eye on the cost - you are paying for minutes on line, and it's easy to surf away the hours. If you think you'll be spending longer than a few hours online a month - then find an ISP that charges a flat fee. If the provider you've chosen offers the facility to do so, connect up, download your messages and disconnect immediately to read your post at leisure - this helps keep costs down. Make your ISP telephone number your 'best friend' with BT - this way you can reduce the telephone bill even further. Despite taking all these measures, I still found my phone bill doubled the first quarter I got online!





I have found three mailing lists for midwives: The largest and busiest is the American Fensende Midwife Mailing List run by Sabrina Cuddy. To join this list, one needs to send an e-mail to [midwife-request@fensende.com](mailto:midwife-request@fensende.com) with the text 'subscribe midwife' in the body of the message in plain text. Currently there are over 200 subscribers from USA, Australia, Canada, Hungary (Monika!), Mexico etc. There are eight subscribers from the UK (unless more 'lurk' - a term used to describe those that are subscribed but don't contribute). We are well represented by student midwives: Gillian and Lorna from Scotland and Kate from the Isle of Wight - check out Gillian's web site (I am so jealous!) ... Sara and Annie are midwives from London. Tania is a Scottish lass who qualified as a midwife in USA and is trying to get registration back in Scotland. She has a seven-week old baby Eilah (congratulations!)

Malcolm Griffiths is a registrar working out of Luton and apparently very pro-midwife and a regular commentator on the midwife list.

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To subscribe to Andrea Robertson's 'Ozmidwifery', visit her website (see below).

To subscribe to the Alaska Midwifery mailing list - an offshoot of the fensende list and more intimate (if that's possible) send a post to Zelda (who lives in Alaska, hence the name of the list) at [zeldacnm@alaska.net](mailto:zeldacnm@alaska.net) and include a brief biography which will be posted on the list for other members to see. Students can join, but are discouraged from asking too many questions. There are other lists for student midwives apparently. I also belong to a homebirth support list for expectant parents - I find the midwifery politics in other parts to the world endlessly fascinating - it makes me appreciate working in a group practice here.

Once you have joined a mailing list you'll find your 'inbox' will never be empty again! Midwives use the lists to support each other, tell birth stories, answer technical queries and make announcements.

### Netiquette (or internet etiquette)

There are certain conventions used when participating in the lists. You may well encounter the following acronyms and symbols once you start receiving e-mail:

## FAQ Frequently asked questions

LOL lots of laughs

ROTF(L) roll on the floor (laughing)

TTFN Ta Ta for now

**GMATA** Great minds think alike

**BTW** By the way

**IMHO** In my humble opinion

**TIA** Thanks in advance (or anticipation)

OT Off topic (pertains to the mailing list subject of interest, or in the subject line)

To add emotion to posts - as e-mail can be easily misread (sarcasm does not translate to text easily) use the following emoticons:

[illegible]

:) smile  
:-) smile (2)

:D smile/laughing/big grin

;) wink

**:\*** kiss

:P sticking out tongue

:O surprise

:( frowning/sad

:I indifferent

:-/ perplexed

**:-{) smiley with moustache**

8) smiley with glasses

**:-X my lips are sealed**

**{ }** a hug

<:-I Dunce

:-> sarcastic

<G> Grins...

}:> Devil

O:) angel

*Flames - or flaming:* Flames are nasty, often personal attacks on somebody for something he/she has written in a posting; they can lead to long and drawn out discussions on what really are stupid and irrelevant matters. Flame wars can be fun to observe from the outside for a short time, but quickly grow boring and become a waste of everyone's time and mail space. Flames are posts that are useless to most readers, offensive to many, usually contain very personal remarks (like 'what an idiot!'). The midwife mailing list has recently split in two as a result of flame wars and bickering. A person who deliberately writes posts designed to inflame or upset is called a 'troll'. As a result of trolling only midwives and a select few non midwives are on the main list; students and mums-to-be are on a mirror list where they can read posts but not contribute to the conversations.

Newcomers to lists are always advised to lurk for a while to get the flavour of a conversation or 'thread', as a list of posts with the same topic is called. Waiting to get the tone or content of the posting can save embarrassing mistakes.

Always try and trim the original post you are replying to. You can get mailing list post in 'digest' form and if you don't delete the post you are replying to - your message will bounce - or come straight back to you as undeliverable. However, it is common to include a little of the post you are replying to, so people know to what you are referring.

E-mail should be in plain text, not HTML (or hypertext markup language - which is full of code to make it readable by a net browser).

If you are responding to a digest - change the subject to reflect what it is you are responding to.

It takes a lot of list space to flood the list with posts saying "Me too!" or "Well said" - these sort of messages should be sent to the individual, not the whole list. Affirmations are great, but when you're paying for e-mail by the message, I guess you could live without.

Chain letters are not appreciated. That includes anything with the line of, "please send this to ten friends". Talking about general topics outside of midwifery is generally discouraged also, as the list gets too busy - as you'll notice when you forget to download your mail for a few days and get hundreds of postings! Posts about viruses are usually hoaxes.

When you subscribe to a list (which is free BTW) you usually get an indication of the behaviour expected of you from the list owner. Sabrina Cuddy owns Midwife and many



other topical lists (see her web site below), Zelda Collette Brown runs the Alaska midwifery mailing list, and Ozmidwifery is out of Ace Graphics (Andrea Robertson's business).

I hope this has whetted your appetite. There really is no substitute to getting online and trying it all out. Happy surfing!

Terri Bate e-mail: [telbate@eclipse.co.uk](mailto:telbate@eclipse.co.uk)

## Websites to Visit

*I'll add the usual disclaimer - that these sites are for your interest only, and I do not necessarily endorse the content therein - read and make your own mind up!*

### Breastfeeding

La Leche League: <http://www.lalecheleague.org/>  
Physiology of breastfeeding by Angela Schaffer and Gina Loperguido: <http://wwwpp.uwrf.edu/~cgo4/physiology98/breast/breast.htm>

'Promom' - promoting breastfeeding site, including 101 reasons to breastfeed: <http://www.promom.org/>

### Caesarean Section, VBAC

Avoiding LSCS article by Dr Carolyn De Marco - with LSCS rates given for USA, Holland, Australia, Japan and UK: <http://www.interlog.com/~infoland/heathland/preg/hp2.html>

Birthrites - LSCS support organisation from Australia - a large website recommended by Ronnie Falcao: <http://www.edsitewa.iinet.net.au/birthrites>

### VBAC bibliography:

<http://www.wordserver.com/turk/rrvbac.html>

An abstract of French research into allowing women who have had previous LSCS trial of labour: <http://php2.silverplatter.com/physicians/digest/abstract/abst27.htm>

The sad story of the birth and life of Catherine Grace - born following uterine rupture (with more about VBAC): <http://www.worldserver.com/turk/CatherineGrace.html>

### Homebirth

An article by Brighton Homebirth Support Group - long and unillustrated: <http://efn.org/~djz/birth/englandhb.html>

An article from 'The Family Room' Online Magazine, on the homebirth decision: <http://www.thelaboroflove.com/forum/home/index/html>

Contains lots of references to studies relating to the safety of home versus hospital births:

<http://www.changesurfer.com/Hlth/homebirth.html>

lovely homebirth pictures:

<http://www.rainboweb.com/hombirth.htm>

Arguments, with references, for homebirth (USA):

<http://www.gentlebirth.org/format/myths.html>

Check it out! A group of physicians practising homebirth in Chicagoland area, USA: <http://www.homefirst.com/>

Unassisted homebirth! An example of the totally radical out there on the net!

<http://www.kju.com/familyhomebirth.hts>

### Mailing Lists

*A site to find a mailing list on just about any topic.*

Liszt - the mailing list directory <http://www.liszt.com/>

Sabrina Cuddy runs the Midwife mailing list as well as others, e.g. for childbirth educators and doulas, this is her home page:

<http://www.fensende.com/users/swnymph/email.html>

### Midwives and Personal Pages

*These pages are but the tip of the iceberg - there are hundreds out there! They often offer insight into midwifery practice around the world and yet more links to websites.*

Malcolm Griffith's home page - Malcolm is a regular contributor to the Midwife mailing list (and probably the ObGyn list too) and is an obstetrician at Luton and Dunstable Hospital, UK:

<http://www.obgyn.net/board/griffith.htm>

Gillian McLaughlin, student midwife in Glasgow - home page.

<http://freespace.virgin.net/gillian.mcloughlin/default.html>

The coyote midwife! Judith Kurowaka has an interesting site - particularly the info about sterile water papules that is my current pet project:

<http://www.midrivers.com/~jkuro/>

A page where a midwife's husband vents his frustration at having lived with a midwife for 11 years (USA)

Jeff is married to Marilyn Greene whose page is sited at

Marilyn has been a home birth and birth centre midwife in

Tennessee for 22 years and is a rep for MANA: <http://frank.mtsu.edu/~mhgreene/jokes.htm>

<http://www.midwifery2000.com/>

Home based midwife Midge Jolly's site, from the Florida Keys:

<http://members.aol.com/midgewife/midwifesdream.html>

the Purple Midwifery Page - Midwifery in Ohio, USA:

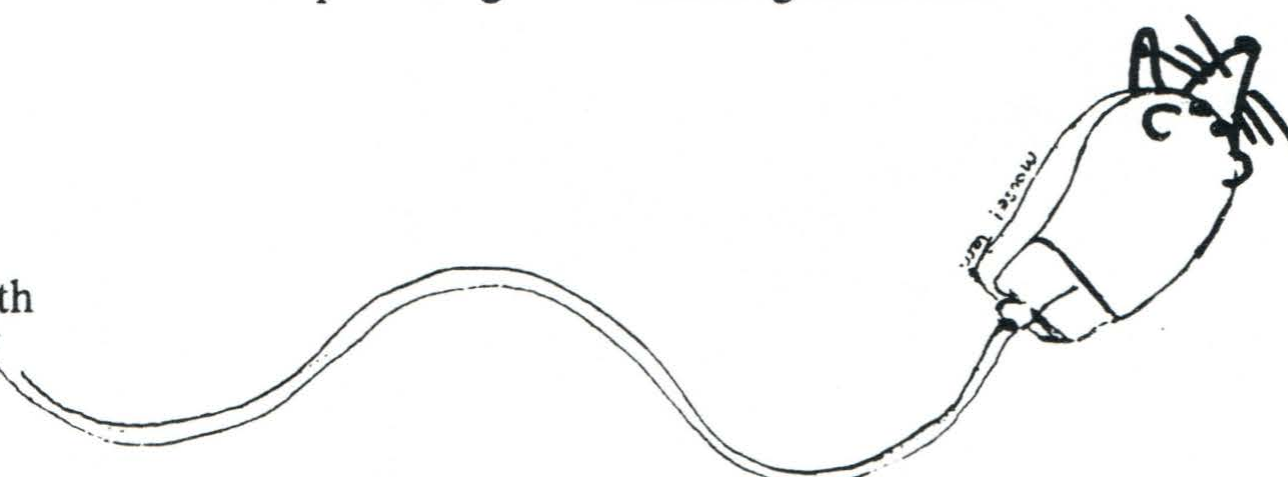
<http://frognet.net/~midwife/>

A favourite contributor to mailing lists, Kathi Wilson and her midwifery colleagues at Thames Valley Midwifery Group Practice, Ontario, Canada. Check out the recipe for a soothing postnatal herbal bath:

<http://members.home.net/tvmidwives/>

Faith Gibson, US midwife and another regular contributor to the Midwife mailing list - her site has a list of statistics and research supporting the safety of homebirth:

<http://www.goodnewsnet.org/index.htm>





Susan Blaum from Massachusetts, USA:

<http://drum.org/~midwives/susan.html>

Jennifer Ayers-Gould - A Christian student nurse-midwife from Michigan (page took a long time to download):

<http://hometown.aol.com/mimidwife/homepage.htm>

Ronnie Falcao's home pages. Ronnie is archive mistress of the fensende Midwife mailing list and home birth midwife extraordinaire (Can't you tell I love her philosophy - a midwife after my own heart!):

<http://www.gentlebirth.org/ronnie/>

Deb Phillip's home page has pix of some of the more frequently occurring names on the fensende Midwife Mailing list - put names to faces.

<http://members.aol.com/armidwife/index.html>

Suzanne Arms' site: <http://www.birthingthefuture.com/>

Ina May Gaskin and the Farm Midwives in Tennessee, USA.

Good articles on shoulder dystocia and Home Birth:

<http://www.thefarm.org/charities/mid.html>

The Illinois Midwives home page - with links to good home birth debates:

<http://www.geocities.com/Wellesley/5510/index.html>

Beth Overton's home page offers a fascinating history of Midwifery in America. Beth is an apprentice midwife in Texas:

<http://members.aol.com/mdwifebeth/history.htm>

An independant UK midwife with her own website - Nicky Menzies homebirth home page:

<http://www.homebirth.net/>

Shannon Brophy, midwife from Massachusetts:

<http://www.yoga.com/midwife/>

The Radical Fringe Mothering Page, dedicated to earthy birthy women everywhere, and offering information on vaccinations, attachment parenting, breastfeeding etc. from a nonprofessional's point of view:

<http://www.geocities.com/Wellesley/6028/index.html>

Home Sweet Homebirth, a website by American midwife,

Yvonne Cryns: <http://www.weedpatch.com/home.html>

### Midwifery Politics

The support page for Ann O'Ceallaigh (Ann Kelly). This is a moving account of Ann's struggle for her right to continue practising as a midwife and fighting to keep home birth a choice for women in Eire. And you can sign a 'cyber petition'! <http://ireland.iol.ie/~raydj/Ann/>

A fascinating insight into the midwifery politics of Virginia state in USA (e-mail archives):

<http://www.vsit.com/bthrite/@home/inout.htm>

### Midwifery Resources

Andrea Robertson's ACE graphics site, with access to courses, books, midwifery models and posters etc.

Andrea's site is also point of access to the new Ozmidwifery mailing list primarily for midwives down under, but open to all midwives:

<http://www.acegraphics.com.au/>

*British Journal of Midwifery*:

<http://www.markallengroup.com/bjm.htm>

*British Journal of Obstetrics and Gynaecology*:

<http://www.blackwell-science.com/%7ecgilib/>

[jnlpage.bin?Journal=bjog&File=bjog&page=aims](http://jnlpage.bin?Journal=bjog&File=bjog&page=aims)

*British Medical Journal*: <http://www.bmj.com/index.shtml>  
(yes that 's' was there!)

Archives from the Fensende Midwife Mailing list compiled and maintained by Ronnie Falcao (midwife) - an amazing amount of information on a wide diversity of material, though not necessarily evidence based: <http://www.fensende.com/users/swnymph/midwife/index.html>

The Foresight home page - preconceptual care:

<http://www.surreyweb.org.uk/foresight/home.html>

MIDIRS: <http://www.midirs.org/index.htm>

The Midwifery Link! Information and more internet resources: <http://www.themidwife.org/>

Links to resources supporting evidence based practice - this URL provided by Annie, a London based midwife who is a regular contributor on the fensende Midwife mailing list: <http://www.rcseng.ac.uk/library/ebs.htm>

Used to be 'Nurse' - Denis Anthony's Resource and site with links to search engines:

<http://medweb.bham.ac.uk/nursing/>

Midwifery resources on the net from Ian Selth - a midwife from the UK:

<http://www.users.globalnet.co.uk/~ics/midwifery.htm>

*Midwifery Today* home page:

<http://members.aol.com/midwifery/>

<http://www.efn.org/~djz/birth/MT/mtmag.html>

*Nursing Standard*: <http://www.nursing-standard.co.uk/>

Obgyn.Net with lots of links and information on pregnancy and birth - and complications:

<http://www.obgyn.net/women/pregnancy.htm>

Onmi, hosted by University of Nottingham, a first port of call for nursing and midwifery resources on the internet with a UK emphasis:

<http://roads.omni.ac.uk/listings/WY100.html>

Free Medline access and six other databases and health orientated search engine:

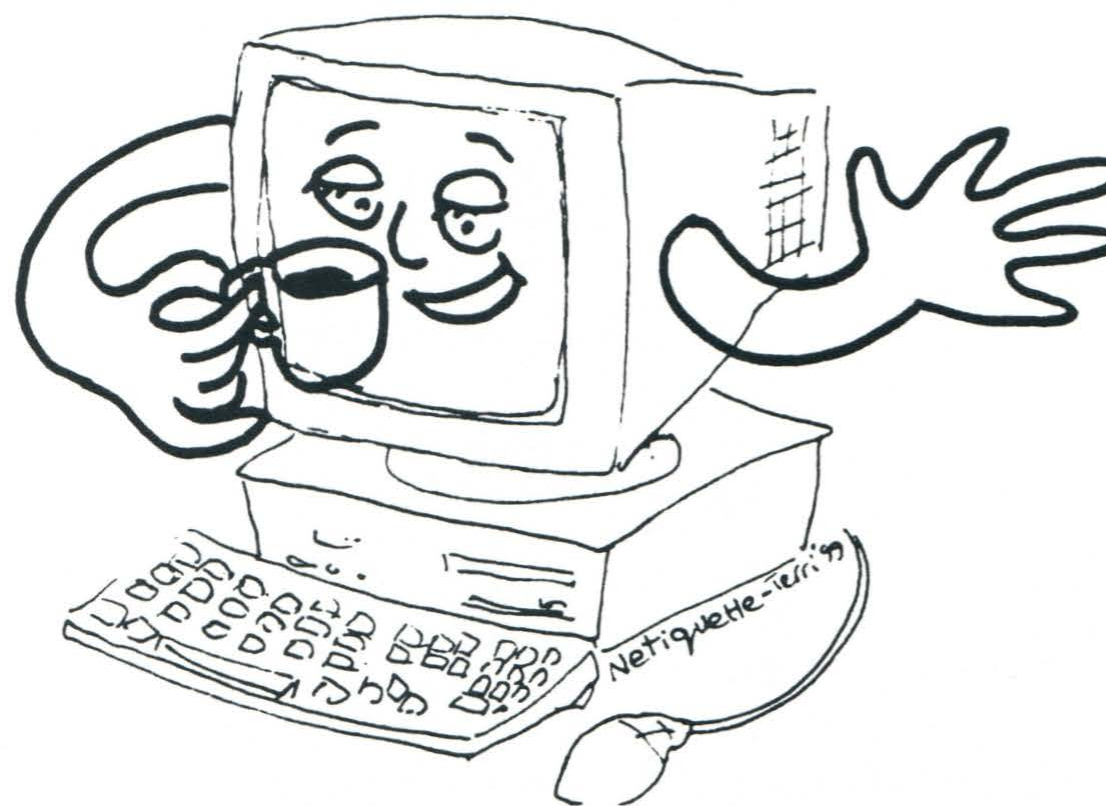
<http://www.healthgate.com/Healthgate/home.html>

Information and support about group B streptococcus:

<http://www.gbss.org.uk/>

Part of the excellent Miningco.com - a mammoth site on the web covering every known topic!

<http://pregnancy.miningco.com/msubhomebirth.htm>





### Miscellaneous

One chapter of Dr Robbie Floyd's book, *Birth as an American Rite of Passage* - Robbie Davis Floyd is a writer and Medical Anthropologist (an American Sheila Kitzenger?)

<http://www.itp.tsoa.nyu.edu/~alumni/birthmessages/>

Primal HealthResearch (Michel Odent's baby)

<http://www.primal-health.org/>

Controversies related to continuous foetal heart monitoring:

<http://hipocrates.med.up.pt/sisporto/homediss.html>

Stories of American Nurse-Midwives first baby catches!

<http://www.midwives.org/births.htm>

New Zealand Midwife, Maggie Banks advertises her book on breech birth: <http://homepages.1hug.co.nz/~banks/>

Lots of birth stories (This is a branch of the main site

'childbirth.org' which also offers chat rooms and advice for expectant parents. The midwives involved in giving advice are Vicki Gervais CPM, Ollie Hamilton CPM and DEM, and Pat Sonnenstuhl CNM, all well known voices on the net and on the Midwife mailing list:

<http://www.childbirth.org/articles/stories/birth.html>

### Professional Organisations:

ARM's own site:

<http://www.radmid.demon.co.uk/midwives.htm>

Midwives Alliance of North America:

<http://www.mana.org/>

The New Zealand College Of Midwives:

<http://www.midwives.org.nz>

ENB website: <http://www.enb.org.uk/>

UKCC website: <http://www.ukcc.org.uk/>

American College of Nurse-Midwives site:

<http://www.acnm.org/>

The Homebirth Association of Ireland - with beautiful celtic illustrations. <http://ireland.iol.ie/~hba/>

### Information for parents/consumers.

Caroline Flint's Birth Centre website:

<http://www.birthcentre.com>

Informed parents vaccination page: <http://www.vnc.edu/~aphillip/www/vaccine/informed.html>

(An online birthcenter branch) debunking obstetric myths, taken from the book by Henci Goer:

<http://www.efn.org/~djz/birth/obmyth/index.html>

Pregnancy and women's health information - a worthy attempt to give information on a wide range of topics - but a tad medically orientated, coming as it does from an Australian Registrar, Danny Tucker, working out of Jessop Hospital for women in Sheffield:

<http://www.womens-health.co.uk/index.htm>

A Guide to Health information available on the web - UK based medical guide with an interesting website laid out in the style of a health clinic - enter via reception and move into the library, or staff room etc. (didn't see any loo): <http://www.healthcare.org.uk/>

The National Association of Childbearing Centers (USA)

Lots of birth stories, FAQ, resources for consumers and

reading and links for parents. A large well organised site: <http://www.birthcenters.org/>

The Online Birth Center - Another huge American based website for consumers and professionals:

<http://www.efn.org/~djz/birth/birthindex.html>

The Active Birth Centre, UK:

<http://www.activebirthcentre.com/welcome.html>

The National Childbirth Trust:

<http://www.nctms.co.uk/nctrust.htm>

### Waterbirth

Canadian Waterbirth site:

<http://www.nurturing.ca/waterbirth.htm>

Waterbirth site:

<http://www.thebabiesplanet.com/bbwaterb.htm>

To hire a waterbirth pool in UK, and aromatherapy, soaps, candles supplies etc. from Gail, an enthusiastic supporter of homebirth and regular contributor to the Nick Stanton Homebirth Mailing list:

[http://dSPACE.dial.pipex.com/tranquil\\_waters/tw.htm](http://dSPACE.dial.pipex.com/tranquil_waters/tw.htm)

The waterbirth page on Yvonne Cryns' site:

<http://www.weedpatch.com/waterbirth.htm>

Another watery site: <http://www.aquadoula.com>

Waterbirth site by Karil Daniels (USA):

<http://www.well.com/user/Karil/menu.html>

Up-to-date information on State by State status of midwifery in the States (there's a mouthful) from 'The Citizens for Midwifery' organisation: <http://www.efmidwifery.org/>

An American AIMS - Coalition for Improving Maternity Services (CIMS): <http://www.birthpsychology.com/birthscene/initiative.html>

### And there're many, many more out there

Each of these sites will usually have more links to more sites that you can follow and surf to your heart's content. Keeping in mind, of course, that you will have to pay BT or cable telephone costs unless things change for the better in 1999 and the miracle of free local calls happens...(let's hope)

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# THE EXPRESS

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## Midwifery program awaits legislation

### NUMBER OF POTENTIAL STUDENTS VERY LOW

**BY MIRIAM HILL**

*Special to The Express*

Plans for a proposed midwifery degree program at Memorial University have been put on hold for a variety of reasons — one being lack of legislation, says Dr. Carole Orchard, director of Memorial University's School of Nursing.

"At the present time we absolutely have no legislation in the province for midwives," she says.

There are two schools of thought about midwifery, Orchard explains, those that feel midwives should be nurses first and those saying it

should be a program open to all, regardless of background.

"(Legislation) is a really significant part because you need to know exactly which direction the programs are supposed to go in. If legislation came in where midwives don't need to be nurses first, and it should be a direct entry, our whole planning had been on the basis that we would use a nursing base." This scenario would then require new course planning, she says.

This legislation Orchard refers to would also work to protect the public, similar to the legislation that's gone in for nurse practitioners, she explains.

"It specifies exactly what they can do, what systems have to be available, what kind of licensings have to go in and they'd have to write examinations."

Orchard says when the actual number of potential midwifery students was reviewed it was very low, so from a viability perspective there are also difficulties. With the university's budget being so tight, she adds, the resource base for implementation of a midwife program really isn't there.

"We've also looked at not just the numbers of students, but in order to have a really good midwifery program, you

have to have a fair amount of practice in deliveries," she says. When a midwifery diploma was offered at MUN in the past, some students had to go to Scotland to do deliveries, she says.

"So when you start looking at all those things in a province with a declining birth rate, it becomes a problem as an educational institution to provide a viable program of quality that we'd be happy with." The option is certainly there though, she points out, to entertain the possibility of offering a joint program with a university in Ontario or Manitoba.

In light of all these diffi-

culties, Orchard says the idea of a midwife degree program hasn't been dropped, merely suspended, until the department of health, which is now busy updating the Mental Health Act, passes legislation. And that, she admits, could take a long time.

"It is my understanding in this province the way it would be done is the government would set up an implementation committee that would begin to review the current legislation in other jurisdictions and then look at how it would be applicable in Newfoundland," she says. "Yes, It's a fairly long way away."



**NEWFOUNDLAND and LABRADOR MIDWIVES ASSOCIATION**  
**APPLICATION FOR MEMBERSHIP**  
**1999**

Name: \_\_\_\_\_  
(Print) (Surname) (First Name)

All Qualifications: \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_

Postal code: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
(home)

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
(work)

E-mail Address: \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_

Area where working: \_\_\_\_\_

Retired: \_\_\_\_\_ Student: \_\_\_\_\_ Unemployed: \_\_\_\_\_

List of Organizations of which you are a member (the Association receives requests from various organizations for representatives to review articles, attend conferences, be on committees). Your name would not be forwarded without your consent.

Provincial: \_\_\_\_\_

National: \_\_\_\_\_

International: \_\_\_\_\_

**I wish to be a member of the Midwives Association and I enclose a cheque/money order from the post office**

**for: \$ \_\_\_\_\_**

**(Cheques/money orders only (no cash) made payable to the Newfoundland and Labrador Midwives Association).**

Full membership for midwives is **\$35.00** (as this includes the Canadian Confederation of Midwives fees which the Association has to pay).

Associate membership for those who are not midwives is **\$20.00**

Membership for those who are unemployed/retired is **\$10.00**

Membership for those who are residing outside of Canada **\$45.00** (to cover the cost of the extra postage).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Pamela Browne, P.O. Box 112, Station A, Goose Bay, Labrador A0P 1S0









# BREASTFEEDING CANADA

## **Vision**

Breastfeeding is the cultural norm for infant feeding in Canada.

## **Mission Statement**

To protect, promote and support breastfeeding in Canada as the normal method of infant feeding.

## **Objectives**

Provide a forum for addressing Canadian breastfeeding issues.

Maintain ongoing communication with governments and organizations to protect, promote and support breastfeeding.

Provide ongoing expert advice and recommendations on breastfeeding research, policy and program development, and direction to governments and organizations.

Develop partnerships and collaborative strategies to protect, promote and support breastfeeding.

As the National Authority for the Baby-Friendly Initiative, oversee and facilitate the implementation of the Baby-Friendly Initiative in Canada.

## **Membership**

The group consists of independent experts and representatives of the following associations or organizations:

Aboriginal Nurses Association of Canada  
Association of Women's Health, Obstetric and Neonatal Nurses  
Canada Prenatal Program Nutrition  
Canadian Lactation Consultant Association  
Canadian Confederation of Midwives  
Dieticians of Canada  
Canadian Healthcare Association  
Canadian Institute of Child Health  
Canadian Nurses Association  
Canadian Paediatric Society  
Canadian Perinatal Regionalization Coalition  
Canadian Pharmacists Association  
Canadian Public Health Association  
College of Family Physicians of Canada  
Federal/Provincial/Territorial Group on Nutrition  
Health Canada  
INFACT Canada  
La Leche League Canada  
Ligue La Leche  
Society of Obstetricians and Gynaecologists of Canada  
UNICEF Canada

## **Co-Chair**

Rotating members elected to a two year term.

## **Meetings**

Held approximately once a year.  
Subcommittees work on identified issues on an ongoing basis.

## **Editorial Committee**

Maureen Fjeld, Jacki Glover, Marie Labrèche, Jennifer Peddlesden, Melanie Reeves, Marilyn Sanders, Pierrette Tremblay

Statements and opinions expressed in this newsletter are those of the authors and not necessarily the opinion of the member organizations.

## **MESSAGE FROM THE CO-CHAIRS**

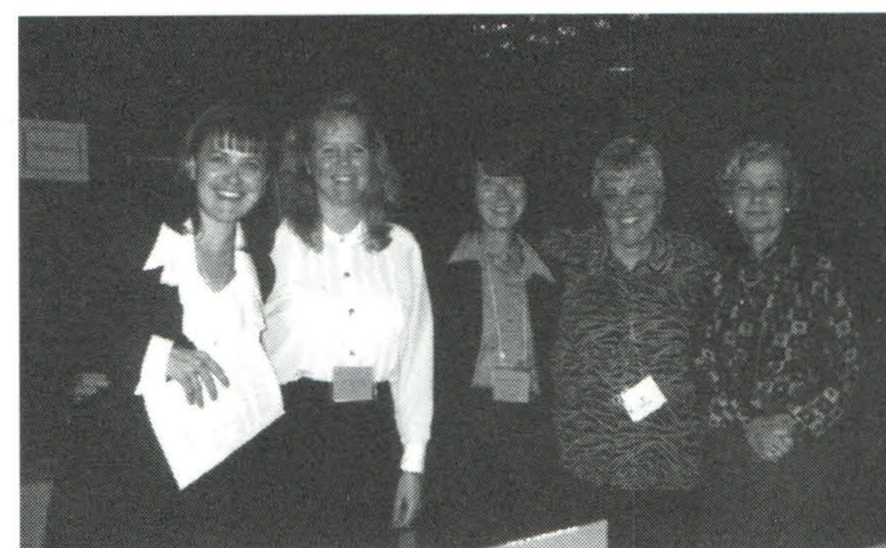
**Maureen Fjeld, Co-Chair**  
**Jennifer Peddlesden, Co-Chair**

**H**OW wonderful it was to see many of you from all parts of the country at the launch of the Baby-Friendly Initiative in Canada; to meet old friends, to make new ones, and to be energized by so many coming together in a common concern for breastfeeding. This special issue of *Breastfeeding Canada* focuses on this exciting event where many spoke eloquently about the importance of supporting breastfeeding families and of reclaiming a breastfeeding culture in Canada. We welcome this opportunity to extend our thanks to the British Columbia Reproductive Care Program for their contribution in organizing this fabulous conference. We would also like to thank all the speakers who participated, most of whom donated their time and talents in helping to ensure the success of this conference. Thanks is extended to the delegates who attended from across Canada. Without your support this launch and conference would not have happened.

As you can see from this and the previous edition of *Breastfeeding Canada*, an incredible amount of work was done by the BCC in 1998. We are pleased and privileged to be working as the new co-chairs of this dynamic organization. We look forward to proceeding with completion of more items in the BCC Strategic Plan 1998-2000 and focusing even more on the implementation of the Baby-Friendly Initiative in Canada according to the 1998 Action Plan. At the time of writing, British Columbia, New Brunswick, Prince Edward Island and the Northwest Territories have now designated their Baby-Friendly Initiative Implementation Committees and two other provinces, Saskatchewan and Nova Scotia, have designated Baby-Friendly Initiative Implementation Co-ordinators

to move this initiative forward in their areas. Guidelines for hospitals, assessors and Provincial /Territorial Committees are written and will be available soon.

In closing, two exciting announcements: we have just learned that Health Canada has awarded \$266,388 to the BCC for the implementation and evaluation of the Baby Friendly Initiative in Canada over the next three years. This happens at a most appropriate time when interest in the BFI is gathering momentum and two hospitals are presently participating in the pre-assessment process for Baby-Friendly designation.



**Thanks to the BCRCP staff for running a great conference!**

Secondly, the BCC has just been invited to sit on the Nutrition Committee of the Canadian Paediatric Society. We will therefore have a representative at its next meeting, February 13<sup>th</sup> and 14<sup>th</sup>, 1999 in Toronto.

We encourage you to become part of these exciting developments in support of breastfeeding in Canada by becoming corresponding members of the BCC. If you have been a member before, please renew and continue your support of these initiatives. See page 8 for BCC contact and membership information. Please feel free to contact us through the BCC e-mail address with your comments and ideas. ❀



## BFHI/BFI CONFERENCE AND LAUNCH A SUCCESS

THE Baby-Friendly Hospital Initiative Conference and Launch, held in Vancouver on November 19-20, was a spectacular event. Over 500 participants from every province and territory gathered to learn together about taking steps towards the first Baby-Friendly Hospital in Canada. Plenary, concurrent and poster sessions provided information on aspects of the BFI from history to practical strategies for implementation of the Initiative's Ten Steps.

WAH WONG, BFHI Advisor, UNICEF Canada, included an historical overview of the BFHI/BFI. He reminded us that hospitals have been major sources of misinformation about breastfeeding throughout the world. The initiative's hospital focus is intended to create more positive conditions for breastfeeding which extend far beyond the hospital's walls into the community.

FRANCIS JONES described the "health care system failure" syndrome which is characterized by failure to inform parents of the benefits of breastfeeding and the risks of formula feeding, inadequate help with breastfeeding initiation, inadequate assessment and more. The BFHI/BFI has the potential to "cure" that condition.

LOUISE HANVEY reminded us that pregnancy and birth are healthy states which have a profound impact on both mother and baby. Professionals must move from a care model of control and power to one of information sharing which includes full disclosure of the benefits and risks of all practices so that parents can make informed choices.

MICHELINE BEAUDRY reported the sobering fact that the percentage of Norwegian babies breastfeeding at three months of age is higher than Canada's initiation rate. She presented research findings which showed that when the BFHI is implemented in developed or developing countries, there is an increase in exclusive breastfeeding at 4-6 months.

JAN RIORDAN demonstrated the impressive productive capability of a woman to provide a dynamic, health-enhancing liquid by estimating that approximately 126 litres of milk is produced by a mother who breastfeeds for six months. The potential cost savings provided by the protective effects of breastfeeding on gastrointestinal illness, otitis media, IDDM and RSV infection in the United States is over 1 billion dollars per year.

MARSHA WALKER told us that unless we meet the issue of guilt head-on, it will continue to be used to undermine breastfeeding promotion, support and protection. Guilt often helps us to examine situations and practices and to make changes. Her description of "plastic, painless parenthood", while humorous, gave us food for thought about today's disengaged parenting practices which interfere with breastfeeding.

PENNY VAN ESTERIK talked to a packed house on Thursday evening about the situation of employed mothers and breastfeeding. She presented The Quezon City Declaration on Breastfeeding; Women and Work and challenged listeners to develop a Canadian plan by advocating for changes to the ILO Maternity Protection Convention N° 103 and Recommendation N° 95 to better support the breastfeeding rights of working women.



A packed house for the Launch

DORIS YUEN, the new Chair of the Nutrition Committee of the Canadian Paediatric Society, presented the Statement on Nutrition for Healthy Term Infants from Birth to 24 Months, prepared by the CPS, Dietitians of Canada and Health Canada. Questions from the floor following her presenta-

tion indicated a concern on the part of some delegates that all currently available research on breastfeeding had not been fully considered in the preparation of this document. Doris requested that all relevant research be forwarded to her and encouraged anyone interested in a continuing dialogue on the Statement to be in contact with her.

The conference closed on musical notes and calls to action. Wah Wong shared some new words to an old song: "Accentuate the positive, eliminate the negative, latch on to the affirmative, don't mess with Mother's Milk." Pat Martens showed us that, even though we have come a long way we have a long way to go before breastfeeding is the cultural norm in Canada. Maureen Fjeld challenged all of us to make a commitment to taking one step towards our shared goal when we returned home. Joan Reiter performed a song to moving pictures of mothers and babies which reminded us all what our efforts are about. It was an historic gathering and one which will be long remembered by all who attended. ❀





BFHI/BFI CONFERENCE AND LAUNCH  
A S U C C E S S***From the Northwest Territories*****By** Trudy McConnell

**T**HE conference in Vancouver was a call to action for professionals and institutions to improve the likelihood that mothers would breast-feed their babies. In simple terms, mothers and babies need to stay together and they need useful, accurate information so both can be the healthiest people possible.

Dr. Wah Wong and Pat Martens described how times and perceptions have changed about breast-feeding in Canada, and no less in the Northwest Territories. Despite our "remoteness", breastfeeding rates are lower than the national average with initiation rates estimated at approximately 69%, and 10% at 6 months. Jan Riordan's discussion of The Economics of Not Breastfeeding has important ramifications here, since many of the conditions that are

preventable through breastfeeding (otitis media, gastroenteritis and diarrhea, Type 1 diabetes, RSV infections) are significant health problems in the NWT, especially among First Nations peoples. The strategies discussed by Francis Jones and others that make hospitals and institutions more "Baby Friendly" would certainly apply here.

In short, the participants at the conference from Yellowknife recognize the need in our communities and in our institutions to begin implementing the Baby-Friendly Initiative in the Northwest Territories. We have an active nursing mothers support group in Yellowknife, and with their help we hope to form a second coalition of NWT professionals, who are also interested in the promotion of breastfeeding matters by February of 1999. These are our first steps, but we look forward to hearing news of other areas as they too, advance the values and knowledge expressed at the conference in November. ❀

***From Alberta*****By** Leslie Ayre Jaschke

**I** ENJOYED the conference and the opportunity to see old friends, but I was really delighted with the size of the conference and all the new, often younger, faces. The Alberta delegate's meeting was incredibly encouraging when 40 plus people showed up (I'd expected maybe 10, and mostly people I already knew). It was wonderful meeting old friends of breastfeeding like Wah Wong, Marie Labreche, Micheline Beaudry—Canadians I wasn't aware of until recently—along with longtime CLCA and LLL people.

From the perspective of someone working in a CPNP (Canada Prenatal Nutrition Program) project, it was wonderful seeing Health Canada people attend and to have time to talk with them and others involved with CPNP projects across the country. I am really excited about the potential for promoting breastfeeding in CPNP projects.

The most important thing the conference did for me was to help me recommit to the importance of the BFI. I really had despaired of it going anywhere in Canada, let alone in my own little region. It feels as though there's now momentum, and if we

can get provincial governments interested and involved, it will make a huge difference. In Alberta, I hope we'll be able to tie in with the new Children's Initiative goals articulated by the five departments involved in Children and Families Services (Health, Social Services, Community Development, Justice, and Education) that all Alberta children will be healthy, well cared-for, safe, and able to learn.

On a more personal note, I returned home ready to advocate for myself and breastfeeding in the region by submitting a proposal for a part-time regional lactation consultant position. I also phoned Alberta Health's Health Surveillance Department and asked why breastfeeding rates aren't being tracked in the Health Trends monitoring that is going on. Since I had made a decision earlier this fall that I would retire as a lactation consultant at the end of June, these were pretty significant impacts and actions arising from attending the Vancouver conference. ❀





## BFHI/BFI CONFERENCE AND LAUNCH A S U C C E S S

### From Manitoba

By Pat Martens

*"The journey of a thousand miles begins with a single step" IAO TSE*

THIS conference has been a journey, and also a first step. It is the first step, the launch of the Baby-Friendly Initiative, by the BCC. It is a journey - to some who attended, it was a journey of learning, to some it was a journey of renewing their strength to carry on. This conference has truly been successful in bringing together the spectrum of peo-

ple in Canada who protect, support and promote breastfeeding as the cultural norm. Advocates, practitioners, policy makers and legislators, researchers, mothers, elders, all joined together to learn from each other. From this networking comes great strength. We talk, we plan, we dream, we share. We travel the road together, arm in arm. And these links, from the individual to the family to the community to the nation, facilitate the process of change in Canada. This is the gift I have received from being part of the BCC/BCRPC conference in Vancouver - the gift of sisterhood. May each of us renew our commitment to continue the journey in making breastfeeding the cultural norm in Canada.✿

### From Québec

By Louise Dumas

DELEGATES from all Canadian provinces and territories participated in the Official Launch of the Canadian Baby-Friendly Initiative in Vancouver last November. Practitioners from all parts of Canada met together to discuss their cherished subject of breastfeeding and its promotion. We can easily imagine the extraordinary networking which evolved from this two-day conference! Information, practical hints, collaborative efforts, marketing experiences, etc., everything was subject to mutual sharing. Many participants exchanged their names and addresses; even more exchanged their e-mail addresses so useful for quick, interesting, continuous links to be woven all across Canada.

The Quebec group met after the two-day conference, first to get to know each other, then to get to work right away.



We wanted to identify short-term actions which could be planned and who would do what in order to establish an official provincial committee. Levitt and Hanvey (1995) demonstrated that Quebec was one of the provinces which showed low rates in the initiation and duration of breastfeeding. The delegates from Quebec want to unite their efforts into a joint venture in this part of Canada.

Participation in continuing educational sessions was offered right after the conference, which was highly appreciated. Some delegates from

Quebec enjoyed working Saturday with Beverley Chalmers, in a full-day session on the Baby-Friendly Evaluation Process; it has proven a golden opportunity to understand not only the evaluation process but also the tools used for it. Others participated in educational sessions on different subjects, which helped us keep up-to-date on breastfeeding matters, so dear to our hearts!✿

### From Nova Scotia

By Judy Cormier

THE Planning Committee for the BFI Conference is to be commended. The conference exceeded our hopes and expectations. It enabled us to strengthen existing and to develop new networks of support for breastfeeding - from coast to coast. We gained new insights into how we can make the BFI "really come to life". It was a privilege to be a member of such an invigorating, challenging, and enthusiastic audience of breastfeeding supporters. Well Done!✿





## MEET THE CO-CHAIRS OF THE BCC

**M**AUREEN FJELD is a practicing lactation consultant, Director of the Calgary Breastfeeding Centre and mother of three. Maureen graduated from the University of Toronto in Physical and Occupational Therapy, 1971.

In 1976 she became an accredited La Leche League leader and in 1986 she began working in private practice as a lactation consultant. She recently began a part-time position as a lactation consultant with the Headwaters Health Authority and coordinates the Headwaters Breastfeeding Clinic in the Bow Valley (Canmore and Banff, AB).

Maureen was certified as an International Board Certified Lactation Consultant in 1987 and re-certified in 1992 and 1997. Education in breastfeeding for healthcare professionals has been an ongoing focus, beginning with volunteer work in the Professional Liaison Department of La Leche League Canada and, later, as Administrator of the Professional Liaison Department, 1985-92. She delivers an annual course to IBLCE exam candidates in Calgary and has spoken at many national professional conferences across Canada.

Maureen has represented the Canadian Lactation Consultant Association on the Breastfeeding Committee for Canada since 1993. She was co-chair of the Baby-Friendly Initiative Steering Subcommittee of the BCC from 1994-1998. Maureen assumed the junior co-chair position on the BCC in November, 1997 and moved to the senior position in November 1998. Maureen's experience supporting breastfeeding families has strengthened her commitment to the implementation of the Baby-Friendly Initiative in Canada.



**Maureen Fjeld (left) and Roberta Hewat, past co-chair**

**J**ENNIFER PEDDLESDEN is a practising pharmacist in Alberta, a lactation consultant, a La Leche League Canada Leader, and mother of two. Jennifer graduated from the University of Alberta in 1970, worked full-time in hospital for seven years and more recently part-time in community pharmacies. She lives in Chestermere, just east of Calgary, Alberta.



As a pharmacist she is a resource to both parents and health professionals for specific information on drugs and breastfeeding. Jennifer has worked as a volunteer with La Leche League Canada since 1980. Since certifying as a lactation consultant with IBLCE in 1988 she has been a staff member at the Calgary Breastfeeding Centre, and is presently the

Canadian Pharmacists Association representative on the Breastfeeding Committee for Canada. One of her other areas of interest is the International Code of Marketing of Breast-milk Substitutes. Because pharmacists and other health professionals play such an important role in helping families with health decisions, she believes very strongly that these professionals must have a strong, clear understanding of the Code, so they can make its tenets part of their everyday practice. ❀

### BCC CONTRIBUTES TO CANADA'S ACTION PLAN ON FOOD SECURITY

**L**AST fall BCC Executive members were pleased to make recommendations through Micheline Beaudry, corresponding member of the BCC and Professor, Food Science and Nutrition, Université Laval, on Canada's Action Plan on Food Security.

Protecting breastfeeding must be an integral part of any country's discussion on food security. You can view this plan at <http://aceis.agr.ca/cb/fao/emain.html> ❀

### A SPECIAL NATIONAL CHILD DAY

**V**ANCOUVER - National Child Day was celebrated during the Canadian launch of the Baby-Friendly Initiative at the Westin Bayshore by a special group of Canadians. Some 100 representatives of the Breastfeeding Committee for Canada and of the Canada Prenatal Nutrition Program gathered for informal networking on the challenges surrounding the promotion of breastfeeding in Canada.

The National Child Day reception was organized by **Judy Watson**, senior program consultant with the Canada Prenatal Nutrition Program, Childhood and Youth Division, Health Canada. Attendees from nearly every province enjoyed hors d'œuvres and a cake colourfully decorated to match the cover of the *National Child Day Guide*. ❀





BCC MEETING HIGHLIGHTS,  
NOVEMBER 18&21, 1998

By Jacki Glover

**M**EMBERS of the BCC met in Vancouver on November 18 and 21, 1998. A presentation was made to Cheryl Levitt, as she retired from the committee, in appreciation for all her work for the BCC. A new Executive slate was approved including: Roberta Hewat, Past Chair and Treasurer; Maureen Fjeld, Senior Co-chair; Jennifer Peddlesden, Junior Co-chair; Jacki Glover, Secretary; Sue Hodges, Chair, Resource Subcommittee; Catherine Royle, Chair, Education Subcommittee and Pierrette Tremblay, Chair, Communications Subcommittee. Marilyn Sanders has accepted the position of National BCC Coordinator.

Since its last meeting in March 1998, BCC members have completed four major projects. The Action Plan for the Implementation of BFHI/BFI in Canada, is available to interested persons for \$10.00 each. The other completed projects are the BCC Strategic Plan, Provincial/ Territorial Project and the Canada Prenatal Nutrition Partnership Project. BCC members and representatives of CPNP projects met together in Vancouver at a reception held November 20 to recognize National Child Day.

The BCC addressed the issues of internal governance and representation. Draft guidelines for qualifications and responsibilities of committee members were reviewed. BCC members are appointed by their organizations. In the interest of keeping the BCC actively functioning and not "burning out" members, it was

agreed that member organizations will, in future, be requested to nominate representatives for a three year term, which could be renewed once for a total of six years. As some BCC member have already served three years or more, they will be deemed to have served one three year term and could continue for an additional three years should they, and their organizations, be agreeable. An effort will be made to stagger the changeover of members in order to retain some

BCC members reviewed the Strategic Plan developed during 1998 and developed an implementation plan for 1999 and beyond. As ongoing funding for the BCC and the BFHI/BFI is a key issue, a Resource Subcommittee was formed to address this issue. Any corresponding members with ideas about possible partnerships or sources of funds are encouraged to contact the BCC. A budget for 1999 was also presented at the meeting.



BCC members hard at work.

experienced members while welcoming new members. It was also agreed that interested corresponding members could serve on subcommittees, which generally work via e-mail and telephone conference call. The BCC has offered full committee membership to two additional national groups - the Canada Prenatal Nutrition Program (CPNP) which will be represented by Janet Murphy-Goodridge from St. John's, NF, and the Association of Women's Health, Obstetric and Neonatal Nurses.

BFHI/BFI continues to be a priority for the BCC. The BCC executive are finalizing documents for implementation of the designation process in Canada. These documents will, when final, provide important information on the responsibilities of the BCC, the relationship between the BCC and the Provincial/Territorial BFI Implementation Committees, hospital guidelines for BFHI implementation (including information on costs) and guidelines for BFHI Assessors. ❀





## EXCITING DEVELOPMENTS ABOUT THE PROVINCIAL/TERRITORIAL IMPLEMENTATION OF THE BABY-FRIENDLY INITIATIVE

By Maureen Fjeld  
Project Director, P/T  
Implementation of BFI

**A**N announcement was made at the national launch and conference for the Baby-Friendly Initiative on behalf of the five provinces, which have officially designated either BFI Implementation Committees or Co-ordinators.

The Ministries of Health and of Families and Children in British Columbia have officially designated the BC Baby-Friendly Network as the BFI Implementation Committee in British Columbia. The BC Baby-Friendly Network was established in 1993 and has already provided numerous resources on BFI to all hospitals and public health offices in the province.

The Minister of Health in New Brunswick has officially designated a Sub-Committee of the Provincial Breastfeeding Promotion Committee as the BFI Implementation Committee. This committee began meeting in the fall and has drafted an action plan for the province.

The Minister of Health in Prince Edward Island has designated the Provincial Breastfeeding Promotion Group as the official BFI Implementation Committee. This committee is already developing strategies to move BFI forward.

In Saskatchewan the Ministry of Health representative, Mary Martin-Smith, Consultant, Public Health Nursing, will be the BFI Implementation Co-ordinator until a committee is established.

Nova Scotia Ministry of Health representative, Elizabeth Shears, will be the BFI Implementation Co-ordinator until a committee is established. Congratulations is extended to these provinces.

The BCC will continue to work directly with the Ministry of Health representatives from other provinces and territories until BFI Implementation Committees are designated in every area, hopefully in the near future.

A breakfast meeting of all the official provincial/territorial representatives was held in Vancouver and a tremendous amount of enthusiasm and interest to move BFI forward at the provincial/territorial level was evident. The provinces and territories without official designation recognized the need to make a concerted effort to achieve this goal. In some cases, interdisciplinary breastfeeding committees exist but have not yet been either recognized officially by the Ministry of Health or given the mandate to implement BFI. Until this occurs the BCC will support directly hospitals in these provinces and territories which are ready to proceed with the Baby-Friendly designation process.

Conference delegates from Quebec, Ontario, Manitoba and Alberta met together in Vancouver, enabling networking and identification of mutual needs specific to the BFI in their province. A continuation of this process is being developed in Ontario. The BCC is developing a database of all the Canadian breastfeeding coalitions and committees. Please notify the BCC coordinator of any address or contact name changes or new groups formed. This mailing list will be a direct link for on-going communication on the development of provincial/territorial BFI Implementation

Committees. We also encourage you to individually maintain a Corresponding Membership with the BCC in order to remain abreast of what is happening in your area and to support the development process for the BFI in Canada. Each one of us has an important role to play to ensure that BFI becomes a reality in Canada.

The recently acquired funding from Health Canada to implement and evaluate the BFI in Canada makes the Action Plan for this important initiative a focus for the BCC over the next three years. It is critical that each province and territory incorporate the BFI into its own strategic health care plans to achieve the global standards for promoting, protecting and supporting breastfeeding families in Canada.

### **Goal Five in the BFI Action Plan**

*To facilitate the implementation of BFI at the provincial/territorial level.*

With the known health care benefits of breastfeeding and reduced costs to the health-care system resulting from healthier families, the necessity to increase duration rates for breastfeeding becomes an important health care initiative at every level. The Baby Friendly Initiative is a realistic means to achieve this in every part of Canada. ❀





## CORRESPONDING MEMBER'S CORNER

### WAH WONG'S INFANT FEEDING MEDALS

*Gold* for breastfeeding  
*Silver* for feeding the mother's  
expressed milk  
*Bronze* for feeding banked  
mother's milk  
Formula has no medal standing

#### How can you help?

Do you have privileged contact with media? Please send us your name and address so we can forward you press releases and develop our media list.

If you have a special interest in developing/evaluating educational resources and

are willing to commit some time, our Education Sub-committee would like to hear from you.

Share your highlights. Please do not hesitate to be in touch. We want to include exciting news from all over the country concerning the status of the BFI in Canada (keep it short! our space is limited). ✿

### A new resource from WHO

*"The Current Evidence of  
the Ten Steps for  
Successful Breastfeeding"*  
WHO Doc 98.9

available from the Canadian Public  
Health Association (official supplier of  
WHO publications in Canada).

**\$15.12\* per copy**

\* add \$4.50 shipping and handling  
\$1.00 for each additional copy

Suite 400, 1565 Carling Avenue  
Ottawa, Ontario  
K1Z 8R1

Tel.: (613) 725-3769 Ext. 177  
Fax: (613) 725-9826

### The Breastfeeding Committee for Canada pin



Antique brass lapel pin \$5 each  
Sterling silver Lapel pin \$40

Please prepay orders and add 15% for postage and handling.

Send order to:  
Breastfeeding Committee for Canada  
P.O. Box 65114  
Toronto, Ontario  
M4K 3Z2  
bfc@istar.ca

### Become a corresponding member of the Breastfeeding Committee for Canada

**You will:** • Receive the newsletter in a timely fashion • Be on our list of corresponding members  
• Be able to brief the BCC on your issues of concern.

- ☐ Yes, I am interested in becoming a corresponding member and receiving the newsletter (\$10).
- ☐ I want to receive the Breastfeeding Statement (\$3).
- ☐ The Sponsorship Guidelines (\$5).
- ☐ The BFI Action Plan (\$10).
- ☐ The BFI Survey Report (\$15).

I enclose a \$\_\_\_\_\_ cheque or money order.

☐ English ☐ French

**Mail to:** Breastfeeding Committee for Canada,  
P.O. Box 65114, Toronto, Ontario, M4K 3Z2

bfc@istar.ca

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Organization/Association/Agency: \_\_\_\_\_

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Deadline for submissions for sixth issue: April 1, 1999

